

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

Date and Time of Meeting:	9:30am, 16 th December 2022
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair)</p> <p>Mr Paul Newman, Independent Member</p> <p>Mrs Judith Hardisty, Independent Member and UHB Vice Chair</p> <p>Ms Ann Murphy, Independent Member</p>
In Attendance:	<p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (Lead Executive)</p> <p>Professor Philip Kloer, Medical Director and Deputy Chief Executive Officer</p> <p>Mr Andrew Carruthers, Director of Operations</p> <p>Ms Alison Shakeshaft, Director of Therapies & Health Science (Part)</p> <p>Dr Joanne McCarthy, Deputy Director of Public Health</p> <p>Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (Part)</p> <p>Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety</p> <p>Mrs Louise O'Connor, Assistant Director, Legal Services/Patient Experience</p> <p>Ms Cathie Steele, Head of Quality and Governance</p> <p>Mr Sam Dentten, Hywel Dda Community Health Council (CHC) Representative</p> <p>Ms Sharon Daniel, Assistant Director of Nursing</p> <p>Ms Mandy Davies, Assistant Director of Nursing and Quality Improvement</p> <p>Ms Lisa Humphreys, Interim General Manager</p> <p>Ms Katherine Greaves, Head of Maternity Services</p> <p>Ms Marilize Preez, Improvement and Transformation Lead (Part)</p> <p>Mr William Oliver, Assistant Director of Therapies and Health Science</p> <p>Mrs Joanne Wilson, Board Secretary</p> <p>Ms Donna Coleman, Health Board Community Health Council Representative</p> <p>Mr Keith Jones, Director of Secondary Care Services</p> <p>Ms Stephanie Hire, General Manager, Scheduled Care</p> <p>Ms Rebecca Jewell, Healthcare Inspectorate Wales</p> <p>Ms Tracey Gauci, Consultant Practitioner</p> <p>Dr Stuart Gill, Anaesthetics Consultant</p> <p>Ms Katie Lewis, Committee Services Officer (Minutes)</p>

QSEC (22) 107	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting.	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Mrs Sian Passey, Director of Nursing, Quality & Patient Experience Acute Operational Services Ms Bethan Lewis, Interim Assistant Director of Public Health Mrs Delyth Raynsford, Independent Member (Committee Vice Chair) Ms Mandy Nichols-Davies, Head of Safeguarding Services 	

QSEC (22)108	DECLARATIONS OF INTERESTS Ms Ann Murphy declared an interest as a Trade Union representative and will not participate in discussions regarding the Royal College Of Nursing (RCN) Industrial Action.	
QSEC (22)109	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 11TH OCTOBER 2022 The minutes from the previous meeting were approved as an accurate record. The meeting has been extended by an hour to allow sufficient time for service updates that were raised as part of the concerns which have led to the Health Board's escalation to enhanced monitoring by Welsh Government.	
QSEC (22)110	TABLE OF ACTIONS FROM THE MEETING HELD ON 11TH OCTOBER 2022 QSEC (22) 101 Health Board Managed Practices Update: Mrs Mandy Rayani updated the Committee that Ms Rhian Bond, Assistant Director of Primary Care and Mrs Louise O'Connor, Assistant Director, Legal Services and Patient Experience are meeting in the new year to discuss options to capture patient feedback from the Health Board's Managed Practices. A more detailed update will be provided to QSEC on 14 th February 2023. QSEC (22) 105 Welsh Health Specialised Services Committee (WHSCC) Quality and Patient Safety report: Ms Anna Lewis and Mrs Rayani have scheduled a meeting to discuss feedback to WHSCC on behalf of QSEC following the Christmas break.	RB
QSEC (22)111	PATIENT STORY Mrs Louise O'Connor shared the experience of a patient, told by the patient's wife via an audio recording who attended A&E with her husband. The wife of the patient described her husband as a non-neuro typical, wheelchair user, with comorbidities and mental health issues and recalled attending the department with her husband who was distressed and in a lot of pain. A number of concerns were raised following their attendance at A&E, including the inconsistent mask wearing of patients and staff which led to them choosing to wait to be seen outside in the cold weather for a long period of time. It was felt that there was a lack of communication from staff during their wait and that the patient's mental health issues were not being considered. The Committee recognised the extent of the distress caused by this experience and sought assurance that measures were in place to improve communication in A&E. Whilst acknowledging the sheer scale of pressure. Mrs O'Connor highlighted that the story will be a useful learning tool to raise awareness in service provision for people with complex needs across the Health Board and will be shared via the Unscheduled Emergency Care Quality and Safety Group and more widely for operational training purposes as part of the patient centred care initiatives. Mr Sam Dentten enquired whether there is information available online for patients with complex needs to discuss any concerns they may have and ensure support is in place prior to hospital admission. Highlighting that	

	<p>arrangements can be made to support patients a great deal more easily in a planned situation, Mrs O'Connor noted the challenges making these arrangements in an emergency. Mrs O'Connor assured Members regarding the programmed work underway with the Equalities and Diversity team to improve the environment for those with complex needs and noted Mr Dentten's comment regarding improving the information on the Health Board's website to discuss patient support or alternative setting arrangements if appropriate.</p> <p>Ms Ann Murphy enquired whether the level of care is symptomatic of the sheer scale of pressure being faced by A&E departments at present, and – if so – what can be done to improve communication with patients. Ms Murphy also enquired whether a follow up discussion has taken place with the patient and his wife following this experience. In response, Mrs O'Connor, updated Members that similar feedback has been received in different departments, such as General Practices. Therefore, it is important to raise staff awareness across the organisation of psychological issues which may have a significant impact on patient experience. Mrs O'Connor also confirmed that the patient and his wife who provided the patient story are receiving support from by the Patient Advice and Liaison Service.</p> <p>In response to the concerns raised regarding mask wearing in the context of the COVID-19 Pandemic and whether the masks were mandatory when the incident took place, Mrs Rayani assured Members that daily assessment of risk is conducted with the Senior Nursing and Infection Prevention staff to ensure a balanced approach to PPE; however, acknowledged that the posters may not have been updated appropriately. Members noted that the usual process would be that the staff Member greeting the patient would communicate the expectations in terms of face masks during this period. Referring to Mr Dentten's enquiry regarding the offer to patients with complex needs, Mrs Rayani provided assurance that discussions are underway to explore how the Single Point of Contact service can be utilised to answer queries, address concerns or re-direct patients to an alternative service pathway if appropriate.</p> <p>Following discussions with staff at A&E departments, the Director of Operations has been undertaking improvement-focussed meetings to address staff concerns and, following a recent Healthcare Inspectorate Wales (HIW) inspection, further actions are being put in place including measures to improve communication with patients waiting to be seen. The Committee noted that an update on the HIW report following the recent inspection at A&E and the Community Health Council report and the associated actions will be provided at the QSEC meeting scheduled for February 2023 and this will be shared with the patient who provided their experience/story following the meeting.</p>	MR
	The Committee NOTED the patient story.	

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QSEC (22)112	CORPORATE RISKS ASSIGNED TO QSEC	
	<p><i>Ms Alison Shakeshaft and Ms Jill Paterson joined the meeting.</i></p> <p>The Committee received the Corporate Risks assigned to QSEC and noted two new risks; Risk 1548: Risk to the Health Board maintaining service</p>	

provision due to proposed industrial action and Risk 1439: Risk of delays of specialist wound management advice resulting in deep tissue damage, vascular disorders and sepsis.

Referring to Risk 1548, Ms Alison Shakeshaft updated Members that a significant level of work has taken place in planning for the Industrial Action to maintain safe services during the RCN strike and a robust command and control structure has been put in place across the three counties, with the hub based at the Ystwyth Building, St David's Park. A reflection session will take place on Friday, 16th December 2022, the day after the first strike, to discuss whether alternative or revised measures are required. Discussions are underway regarding whether to create a separate DATIX risk for the Welsh Ambulance Service Trust potential Industrial Action, which will have a different impact on the system. Ms Shakeshaft expressed gratitude to the management teams across the organisation who are working hard to try and mitigate the risks relating to quality, safety and patient experience.

Referring to risk 1439, Mr Andrew Carruthers explained that the risk has, until recently, been managed via the Directorate Risk Register. The Executive Team began to identify a fragility in the service which required escalation to Board for a decision on resource for a Tissue Viability Nurse. A number of actions have been taken since the escalation, which has reduced the level of risk.

Mrs Judith Hardisty requested an update on the challenges being faced at the Minor Injuries Unit (MIU), Prince Philip Hospital as raised in the Operational Quality, Safety and Experience Update Report, which has been managed via the Directorate Risk Register for some time. In response, Mr Carruthers, Mrs Joanne Wilson and the Assistant Director of Assurance and Risk undertook to meet to discuss and provide feedback to the Committee.

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Ms Anna Lewis enquired whether the risk reduction for Risk 684: Lack of agreed replacement programme for radiology equipment across the Health Board; is premature, as even though the next batch of equipment for replacement has been prioritised and identified, funding has not been secured for the next financial year. Mr Carruthers explained that as some of the equipment has been installed, it was felt appropriate to reduce the level of risk slightly. Whilst there has been progress, the tolerance position has not reached an acceptable level.

Referring to Risk 1027 - Delivery of integrated community and acute unscheduled care services, Ms Lewis noted concern that the impact of the pressures on the standard of services provided will become normalised and requested assurance that staff feel confident and comfortable escalating concerns if standards are not being met. Mr Carruthers provided assurance that an Emergency Department Oversight Group has been established to discuss and address daily challenges and risks, performance measures and discuss patient experience and the quality of care. Engagement from medical colleagues has been forthcoming and the Executive Team feel assured that colleagues feel comfortable raising concerns and readily provide feedback. Echoing the comments made regarding the level of staff engagement, Mrs Rayani added that there are formal processes in place to raise concerns and incidents via the Datix system if required.

The Committee **RECEIVED ASSURANCE** that:

	<ul style="list-style-type: none"> • all identified controls are in place and working effectively. • All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises. 	
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QSEC (22)113	<p>WINTER PLANNING UPDATE 2022/23</p> <p>Mr Keith Jones provided the Winter Planning 2022/23 Update, including an overview of the quality metrics which identify certain of the challenges being experienced and the initiatives to help improve the patient experience within the Urgent and Emergency Care (UEC) system.</p> <p>Examples of the key challenges include the acuity of patients presenting to the UEC, an aging population, workforce challenges and ambulance handover delays due to pressures. Mr Jones provided an update on the Directorate Harms dashboard which will be a useful tool to monitor and report high level quality metrics.</p> <p>Members were pleased to note the initiatives underway to support improving patient experience such as the newly established Patient Experience Group, new seating at A&E at Glangwili Hospital and bottled water and hot meals available for patients in waiting areas.</p> <p>Referring to the UEC associated incidents, Ms Lewis queried the update that 'No medication errors have been reported in Glangwili Hospital and Withybush Hospital for 5 months', which would be impressive if accurate. Members noted the incredible work undertaken by teams in medicines management and the support from the pharmacy team in the Emergency Department. It was noted however that there has been an error on the slide set and medication errors, albeit in low numbers, have been reported during this period.</p> <p>Referring to the comment within the slide set, 'by normal standards, the association between ambulance delays and diagnosed pressure damage would not be considered statistically significant', Mrs Hardisty enquired whether the Health Board collates information on whether long delays are increasing pressure damage for patients and Ms Cathie Steele advised that analysis work is underway by the Quality Assurance Team on all pressure damage reported on admission and whether this is due to ambulance delays or while receiving care in the community.</p> <p>Mrs Hardisty also queried whether the harms dashboard reporting gives the impression that there is an Emergency Department in Prince Philip Hospital with the data heading 'Emergency Services PPH'. Acknowledging this valid point, Mr Jones explained that this was not the intention, with the dashboard aiming to collate data from across the sites to reflect upon the winter planning position, and to support actions underway to mitigate the risks and identify themes and trends. The inclusion of Emergency Services at PPH will highlight the challenges at the MIU in PPH. Mr Jones also raised that the dashboard has highlighted a recent increase in positive feedback, which does not reflect expectations due to the system pressures.</p> <p>With regards to the update provided on the number of reported patient falls within the Emergency Departments and Acute Medical Assessment Unit's, Mr Paul Newman requested assurance that the internal audit report on Falls is</p>	
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	<p>feeding in to the work underway on the data and analysis, and Mr Jones confirmed this is the case.</p> <p>Mr Newman also requested an update on 'Y Lolfa' Alternative Care Unit and whether there are any improvements in terms of patient flow or early learning opportunities to share. Mr Jones noted that there has been early signs of improvements in discharge and patient flow; however, as the Unit is in the very early stages of operation, it will require further time to ascertain benefits or whether adjustments are required.</p>	
	<p>The Committee NOTED the update provided and RECEIVED ASSURANCE that a number of initiatives are in place to manage quality and safety within the Winter Plan 2022/23 and to gain assurance that as quality metrics emerge processes are in place to capture the data on the relevant systems.</p>	

QSEC (22)114	<p>QUALITY ASSURANCE REPORT</p> <p>Ms Steele presented the Quality Assurance Report, providing an overview of quality and safety updates across the Health Board. The Quality Assurance and Safety Team continue to progress the review of each patient with nosocomial COVID-19 infection, with recruitment and accommodation challenges highlighted. It was noted that attempts are being made to increase the number of reviews being completed.</p> <p>Referring to the open recommendations at Tregaron Community Hospital, Ms Steele advised Members that there are two outstanding actions with extended completion dates of December 2022.</p> <p>Ms Steele provided Members with an update following an unannounced HIW inspection on 29th and 30th November 2022. There were several areas of positive feedback and no immediate concerns highlighted. An unannounced visit also took place recently at A&E in Glangwili Hospital, with immediate assurance actions already underway. Concerns raised included the use of additional capacity surge bed and protecting patients' dignity and also the process for re-assessment and observations for patients following triage during an extended stay. Feedback was also received regarding children having a separate waiting area for Paediatric Care Unit assessment. Work is underway on assessing the associated risks and developing actions to mitigate the risks.</p> <p>Mrs Rayani highlighted the positive steps undertaken to improve patient experience, such as providing access to hot meals and drinks for patients, and also highlighted the feedback regarding the kindness, caring and patience of staff and the team working ethos. It was noted that the inspection took place during a busy period and the positive comments were well received by colleagues.</p> <p>In response to Mrs Hardisty' s enquiry on the expected publication date of the report, Ms Steele stated that the draft report is expected in approximately 5 weeks' time. A media response and support for staff will be put in place following publication if required.</p>	
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	<p>Ms Lewis, noting the positive development, enquired how the harms dashboard will be embedded in to the governance systems. In response Mr Jones explained that the harms dashboard is routinely presented to the Executive Team and discussions are underway on how to progress integrated operational and management reviews as part of an 'Improving Together' initiative.</p> <p>Ms Lewis also requested assurance regarding the HIW report and associated actions and the governance infrastructure in place to oversee and monitor the progress. In response, Ms Steele noted that the Directorate Leads have been encouraged to ensure HIW actions remain on Directorate Quality, Safety and Experience Group meeting agendas until they are complete. The open actions are reported to the Operational Quality, Safety and Experience Sub Committee for assurance and a report will be developed on themes from recent inspections for the next meeting.</p> <p>Mr Carruthers updated Members that discussions are underway at Executive Team meetings regarding the governance structures and whether to develop a sub-set Executive Team meeting with the Operational leads to discuss quality and safety matters in a more streamlined way; this will be progressed in the coming weeks.</p>	<p>CS</p> <p>AC/ JW</p>
	<p>The Committee NOTED the safer care collaborative work and TOOK ASSURANCE that processes are in place to review and monitor:</p> <ul style="list-style-type: none"> • patient safety highlighted through: <ul style="list-style-type: none"> ○ Incident reporting ○ Review of nosocomial COVID-19 infection • Patient experience highlighted through HIW Inspection • Quality improvement 	

<p>QSEC (22)115</p>	<p>MATERNITY SERVICES UPDATE</p> <p>Ms Katherine Greaves presented the Maternity Services Update, providing assurance in terms of quality of women's experience, delivery of safe effective care and the quality of management and leadership.</p> <p>Maternity Services recently received an unannounced inspection from HIW and the overall verbal feedback has been positive, with findings such as good governance arrangements observed, women and families receiving excellent care, staff feeling safe to escalate issues and concerns, and compassionate and accessible senior leadership. The Committee received assurance that an action plan has been developed to address the eight recommendations, with no immediate assurance requests received. The actions include steps to improve Performance Appraisal and Development Review's and medical training compliance and addressing delayed pain relief on the post-natal ward. Members noted that the feedback has had a positive impact on staff morale.</p> <p>Ms Greaves advised Members that there has been an increase in engagement in the Royal College of Midwifery survey, with no apparent themes identified. Previous themes which were highlighted within the survey earlier in the year have not been apparent in the most recent feedback. A number of initiatives are being taken forward to support staff, including the development of a Wellbeing Committee and progression of the People and</p>	
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	<p>Culture Team directorate-wide action plan within the service, to allow staff to feel joy and pride in the important service they provide.</p> <p>The Maternity and Neonatal Safety Support Programme commenced in November 2022 to support learning from a number of key reviews, with no new themes emerging, therefore improvements initiatives are being explored based on local intelligence, and local champions have been recruited.</p> <p>Ms Greaves updated the Committee that local surveys are being produced to capture patient experience in Neo-Natal and Post-Natal care, with positive feedback received so far across the Health Board; these will be contributory in shaping services going forward.</p> <p>The Committee received assurance from the positive feedback and developments in Maternity Services and expressed gratitude to Ms Greaves for exemplary leadership, which it was felt has been crucial to the progress.</p> <p>Mrs Hardisty requested an update on the lift in Glangwili Hospital and whether it is now in operation. In response, Ms Greaves explained that it is not yet in operation due to technical issues; however, the matter has been escalated to the installation company to address the matter.</p>	
	<p>The Committee RECEIVED ASSURANCE from the presentation provided and NOTED there may be further requirements/recommendations from HIW when the draft report is received.</p>	

QSEC (22)116	<p>INFECTION PREVENTION CONTROL UPDATE</p> <p>Ms Sharon Daniel provided an update on the Infection Prevention and Control (IPC) Healthcare Associated Infection Improvement Plan which has been developed in response to the increase in escalation status for Clostridioides Difficile infection (CDI) which is applicable across Primary, Community and Secondary Care.</p> <p>Ms Daniel outlined the implementation of a dashboard in IPC, which will be a tool to identify hot spot areas based on data triangulation. The dashboard will be utilised to undertake targeted intervention where required and, although the dashboard shared with the Committee is not the final version, work is underway to finalise and it will be helpful for improvement in IPC. Ms Daniel shared examples of how the dashboard has been utilised for targeted intervention in areas of recurring infection and highlighted the significant improvements following targeted clinical discussions. The Committee received assurance that, with limited resource for improvement opportunities, the dashboard will be useful in Primary, Community and Secondary Care, in regards to providing a tool to ascertain which General Practice (GP) surgery or hospital site requires targeted support, sample the infections and provide information on the population they service.</p> <p>Ms Lewis, acknowledging the usefulness of the dashboard as a tool for improvement, enquired whether the team are aware of why the HDdUHB faces this level of challenge in IPC, noting the significant CD rates. In response, Ms Daniel noted that the Health Board are thorough in reporting cases of CD and routine analysis takes place for each case identified, with a low tolerance for sampling. The team is aware that there are areas for</p>	
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	<p>improvement such as hand washing, moving away from hand sanitiser which became popular during the COVID-19 pandemic.</p> <p>Ms Tracey Gauci advised Members that across Wales there has been an evident correlation between COVID-19 Pandemic and the hospital acquired infections, with four key areas of focus including targeted work to encourage hand washing, Antimicrobial Stewardship, environmental cleaning and patient isolation placement in hospital and the community.</p> <p>Ms Lewis acknowledged the improvement initiatives in hospital settings, whilst noting that certain matters are outside of the control of the organisation, and the challenges lie in how this is reflected in data and benchmarking. Ms Lewis, on behalf of the Committee, would welcome a regular update on the report and discussion will take place between Mrs Rayani and Ms Lewis on whether the update can be incorporated into another QSEC report, so that the Committee continue to be regularly sighted on updates.</p>	AL/MR
	<p>The Committee NOTED the actions outlined in the Improvement plan, consider the exceptions escalated and RECEIVED ASSURANCE from the presentation provided and will welcome an update on progress against the Improvement plan in March 2023.</p>	

QSEC (22)117	INFECTION PREVENTION STEERING GROUP	
	<p>Ms Daniel presented the Infection Prevention Control Steering Group Update and noted that a new Chair was appointed at the meeting held in September 2022 and that the Terms of Reference of the Group (Appendix 1) have been updated accordingly. The Consultant Practitioner for Infection Prevention now chairs the group, with other membership remaining unchanged.</p> <p>Referring to the update provided that Primary Care antibiotic prescribing has reduced by 27% since 2018 (over achieving against the target reduction expectation of 25% over 10 years), Mrs Hardisty enquired whether the outcome of work undertaken a number of years ago by Pharmacy Colleagues undertaking visits to care homes to review the use and prescription of antibiotics can be linked together to support the initiative. In response Ms Daniel confirmed positive medical engagement in Primary Care Services, with Members noting the challenges with patient expectation and awareness of the most up to date guidelines.</p>	
	<p>The Committee RECEIVED ASSURANCE from the presentation provided.</p>	

QSEC (22)118	ALTERNATIVE CARE UNIT PILOT GLANGWILI HOSPITAL	
	<p>Mrs Rayani provided an update on the 'Y Lolfa' pilot in Glangwili Hospital which is a 15 bedded Alternative Care Unit created to support improving an individual's care by preventing deconditioning during hospital stay and accelerating discharge once identified as ready to leave hospital. The Unit has been established as part of the existing ward. As the unit is not an acute ward, it was noted that there are further steps to ensure the environment is reflective of the non-clinical setting. The Unit has in place Registered Nurse oversight and team 'huddles' take place on a 24 hour basis to discuss steps for improvement and any learning opportunities.</p>	

	<p>Members noted that the criteria for admission to the unit is strict, for Carmarthenshire residents who are medically-optimised, awaiting commencement of a domiciliary care package to support them in their return home.</p> <p>Acknowledging the progress of the new model and the hard work undertaken by Mrs Rayani and the team in the progress of 'Y Lolfa', Ms Jill Paterson commented on the importance of partnership working with Social Services to avoid the Unit becoming backlogged with patients awaiting discharge. Highlighting the current Social Care challenges in Pembrokeshire, Ms Paterson acknowledged that other areas in the Health Board region will also need to be considered to ensure equity.</p> <p>Concerns were raised regarding 'Y Lolfa' becoming an extended ward area for patients awaiting discharge and, acknowledging these concerns, Mr Carruthers reminded Members that one of the main reasons for developing the pilot was to manage staff sets more appropriately. The establishment of 'Y Lolfa' would allow staffing resource to be redirected to the acute services.</p> <p>Members acknowledged that this would not solve the wider system challenges and Ms Lewis commented that ensuring HIW are confident regarding the regulatory and safeguarding processes in place will be essential.</p>	
	<p>The Committee RECEIVED ASSURANCE from the report provided that governance arrangements are in place to oversee the development of this unit and that outcomes will be monitored and measured using quality improvement methodologies.</p>	

QSEC (22)119	CANCER SERVICES UPDATE	
	<p>Mr Jones presented an update from Cancer Services, highlighting the pathway backlog challenges due to the COVID-19 Pandemic in terms of demand and capacity. Sustainable progress is being made and the team are optimistic and confident that progress will translate into significant improvement, despite the fact that there are now 1298 more patients entering the pathway than in February 2020.</p> <p>Mr Jones assured Members that the Radiology team are working hard to improve the diagnostics pathway average waiting time for a scan which is 14 days. Surgical treatment pathway response rates have improved and are back in line with Pre COVID-19 levels. The Information Support Service, originally funded by Macmillan, now funded through the service, will continue to provide person-centred care.</p> <p>Members received assurance that development of the acute oncology service provided by the South West Wales Cancer Centre with a dedicated team to support acute oncology patients is working well.</p> <p>The Rapid Diagnostic Clinic Model for patients with varied symptoms, which was launched on 6th October 2022, has received positive feedback and will be rolled out Health Board wide providing that resources are secured.</p> <p>Ms Lewis, acknowledging that the backlog has never been greater for Cancer Services, asked whether data is being captured on prognosis, to ascertain the impact due to the delays in assessments. Highlighting the challenges in defining harm and how to capture the information in light of the wider context, Mr Jones commented that it may be helpful for the Committee to receive a</p>	KJ/LH

	deep dive in to Cancer Information Support Services to gain an insight in to the impact the delays have had on individual patients; which Ms Lewis agreed would be helpful.	
	<p>The Committee RECEIVED ASSURANCE from the mitigating actions in place and the number of patients waiting in excess of 62 days has reduced by 47% since July 2022.</p> <p>The Committee NOTED that while current performance is variable whilst the backlog is being addressed the backlog, improvement is anticipated from January 2023</p>	

QSEC (22)120	REAL TIME DEMAND AND CAPACITY ROLL OUT PLAN	
	<p>Ms Mandy Davies presented an update on the roll out plan of the Real Time Demand and Capacity (RTDC) programme in HDdUHB following the pilot success in Glangwili Hospital, highlighting the improvement in discharge times in hours. The approach uses a tool to identify key challenges to mitigate risks and facilitate hospitals to respond to changes in the environment which could be impacting upon discharge. Members noted key learning from the pilot, such as areas to improve engagement and ownership and ensuring alignment with the Transforming UEC Programme.</p> <p>Ms Marilize Preez shared the Allied Health Professionals (AHP) video which provides a summary of the key principles to ensure patients are discharged from hospital as efficiently and quickly as possible if appropriate. Communication and planning are key and the approach aims to optimise patient experience from the moment of admission.</p> <p>Mrs Hardisty enquired whether there is sufficient evidence on the positive impact of implementing the programme and, in response, Ms Preez noted evidence of a reduction in patients' hospital stay as part of the pilot within the Elective Care Service. In terms of Emergency Care, artificial intelligence systems will support the programme.</p> <p>Providing further context, Ms Preez explained that there is a national drive to improve patient flow, providing an example of avenues to explore such as revising authorisation processes for weekend discharge.</p> <p>Mrs Rayani advised Members that, as part of the enhanced monitoring actions, the RTDC will be built upon and implemented across all hospital sites as a tool to support the transforming UEC and will be supported by Improvement Cymru.</p>	
	The Committee RECEIVED ASSURANCE from the update provided on the implementation of the RTDC approach.	

QSEC (22)121	DEEP DIVE CRITICAL CARE SERVICES	
	Ms Stephanie Hire provided an update on the temporary restricted level 3 access to Prince Philip Hospital since changes were implemented in August 2022. Dr Stuart Gill informed the Committee that the workforce challenges continue which prevent rota sustainability. Since the changes were implemented, Dr Gill explained there have been a total of 11 patients	

	<p>transferred and the Standard Operating Procedure is its final stages of development.</p> <p>In response to Mrs Hardisty's query regarding the reasons for the significant workforce challenges and whether there has been any evidence of harm on patients since changes to the pathway were introduced, Dr Gill explained that workforce supply is limited, whilst demand is significant and assured Members that there has been no evidence of harm due to changes in the pathway since the temporary changes were implemented. Mr Newman, highlighting the low number of transfers and continued workforce challenges, suggested that the service need is reflected upon.</p> <p>Ms Hire explained that staff have continued to be engaged and well informed during the period with regular discussions with the team at PPH and meetings with the Senior Leads and Unions. Mr Carruthers informed the Committee that an update will be provided to Board in January 2023 and will include the safety metrics in place as part of the temporary revised model. Further conversations will take place regarding the Medium Term Plan; however, the current arrangements will be reviewed on a six monthly basis. Members noted that the Critical Care Operational Delivery Network has registered an interest in the temporary revised model in terms of outcomes and achievements and a formal evaluation and clinical strategy will be taken forward at Executive Level for broader direction in terms of the future service model.</p> <p>The Committee expressed its gratitude to the staff across the service for their hard work and resilience in implementing the patient safety focussed revised temporary arrangements.</p>	<p>AC</p> <p>AC/ PK/ LD</p>
	<p>The Committee NOTED the continued difficulties with Critical and High Dependency Care provision across Carmarthenshire and the impact on patient safety.</p> <p>The Committee RECEIVED ASSURANCE from the steps taken to mitigate the risks for the population</p>	

<p>QSEC (22)123</p>	<p>PLANNING OBJECTIVE 5X: IMPLEMENTATION OF THE QUALITY MANAGEMENT SYSTEM</p>	
	<p>Ms Steele provided an update on the developments of the Quality Management System (QMS) as a Health Board wide approach to achieving quality of care in a way that secures continuous improvement to adhere with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 which comes into force in Spring 2023.</p> <p>The QMS update includes four key components including Planning, Assurance, Control and Improvement focussed initiatives and Ms Steele provided an overview of the tools and what the changes will mean in practice for all staff.</p> <p>Ms Lewis highlighted that the Committee has received sufficient detail in terms of systems and process developments in the run up to the enforcement of the Quality and Engagement (Wales) Act; however, raised a gap in assurance in terms of the culture work underway which will be instrumental in the processes and systems working well which will need to be considered.</p> <p>Mrs Hardisty enquired whether Social Care Services have a separate set of actions in terms of the implementation of the Act and in response Mrs Rayani</p>	

	<p>explained that the expectations for Local Authority partners have not yet been shared by Welsh Government ; the current requirements are quality focussed actions for the NHS service and, in response to Ms Lewis's comment, explained that it will be the role of the Board to provide strategic direction in terms of culture in the organisation. Next steps will include developing a light weight, accessible document for the website which will include a diagram and hyperlinks to provide updates and work underway to develop the objectives by the end of the financial year.</p> <p>Ms Lewis, noting the positive developments, stated that she will look forward to seeing how the changes will be implemented across the organisation and reflected in processes such as staff induction. In response to a query from Ms Lewis in terms of how the Health Board will measure the impact of the QMS when the changes have been implemented, Ms Steele explained that similarly to the harms dashboard, how improvements will be documented will be explored.</p>	SP/CS
	The Committee RECEIVED ASSURANCE from the actions are being taken to progress the QMS from the presentation provided.	

QSEC (22)124	PLANNING OBJECTIVE 5W: IMPLEMENTATION OF THE LIBERTY PROTECTION SAFEGUARDS	
	The deep dive into Planning Objective 5W: Implementation of the Liberty Protection Safeguards has been deferred to the meeting scheduled for 14 th February 2023.	

QSEC (22)125	OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB COMMITTEE	
	<p>Ms Steele presented the key highlights from the Operational Quality, Safety and Experience Sub Committee meeting held on 8th November 2022, highlighting ongoing risks due to operational pressures and workforce challenges, and the challenges being faced at the Minor Injuries Unit in Llanelli due to the high number of major injuries patients presenting to the department., Ms Steele advised Members that discussions are underway between the Director of Primary Care Services and the Deanery to explore GP trainee placement at the Unit and that the Director of Nursing, Quality and Patient Experience has scheduled a visit to the MIU to discuss concerns with the team and develop an improvement action plan.</p> <p>Mrs Hardisty raised the issue of inconsistency with Directorates providing Exception Reports to the Sub Committee, which is being addressed by the Chair. Mrs Rayani acknowledged the feedback and explained that there are significant capacity challenges across a number of teams at present, which is impacting on reporting requirements. Members were assured that a discussion will take place with the Director of Operations to address the challenges and provide a timeline for improvement. Ms Steele advised that, following the Internal Quality Governance Arrangements Audit, an update had been provided to OQSESC on expectations in terms of standard agenda and reporting arrangements from their respective Directorate Quality and Safety Groups.</p>	MR
	The Committee NOTED the update from the Operational Quality, Safety and Experience Sub Committee	SP/MR /AC

QSEC (22)126	LISTENING AND LEARNING SUB-COMMITTEE	
	<p>Mrs O'Connor presented an update from the Listening and Learning Sub Committee. The Sub-Committee had received a presentation from a representative of another Health Board who had recently received a notification from the Health and Safety Executive (HSE). The HSE had concluded that the Health Board concerned had failed to act on learning from previous absconding incidents, which would have better protected a 74 year old patient who absconded and later died following a fall and fatal injury, due to icy weather., The Health Board was fined £850,000. A number of recommendations will be taken forward by HDdUHB in learning from the incident.</p> <p>The Sub Committee had received an update from Legal and Risk Services, who provided a detailed presentation on personal injury related claims. Slips, trips and falls was the most significant theme within the claims received by the Health Board.</p> <p>The Sub Committee received an update on the Public Services Ombudsman for Wales report.</p>	
	The Committee RECEIVED ASSURANCE by the actions taken by the Sub Committee to mitigate the risks.	

QSEC (22)127	STRATEGIC SAFEGUARDING WORKING GROUP	
	<p>Ms Rayani presented key updates from the Strategic Safeguarding Working Group, highlighting significant levels of activity within the service due to the aftermath of the COVID-19 Pandemic.</p> <p>As part of the Violence against Women, Domestic Abuse and Sexual Violence statutory training requirement under the National Training Framework for strategic leaders, Members noted that Welsh Women's Aid have agreed to deliver bespoke Group 6 training to Health Board strategic leaders.</p> <p>Discharge is the most prominent theme emerging from complaints and incidents, followed by standards of care. The hospital Heads of Nursing have been tasked with updating their action plans to address the ongoing issues related to discharge.</p> <p>Highlighting the risks associated with the increase in activity as a result of an increase in Looked After Children (LAC) and movement of LAC in and out of the area which appears to be sustaining in the Health Board; together with delays in completing initial and review health assessments to ensure their needs are identified and met, Mrs Rayani noted that resource is being explored to mitigate the risks.</p> <p>Highlighting current pressures within the service, Mrs Rayani undertook to raise awareness of the staffing capacity challenges at Executive Team, noting that the Head of Safeguarding has been working hard on the team's restructure in line with the Organisational Change Policy to maximise resource. Mrs Rayani undertook to liaise with the Head of Safeguarding to ascertain the gap in demand and capacity and discuss whether the risks require corporate level escalation via the Risk Register.</p>	MR/ MND
	The Committee RECEIVED ASSURANCE from the SSWG update report.	

QSEC (22)128	ENHANCED MONITORING WORKING GROUP UPDATE	
	The Enhanced Monitoring Working Group Update was circulated for information. Ms Lewis, as Chair of the Quality, Safety and Experience Committee, has attended the Working Group in an observational capacity and assured Members that touchpoint sessions are undertaken between Ms Lewis and Mrs Rayani to discuss developments.	
QSEC (22)129	WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) QUALITY AND PATIENT SAFETY (QPS) JOINT COMMITTEE CHAIR'S REPORT	
	The WHSCC QPS Joint Committee's Chair Report was circulated for information.	
QSEC (22)130	DATE OF NEXT MEETING	
	9:30am, 14 th February 2023	