

**TABLE OF ACTIONS FROM  
QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE MEETING  
HELD ON 2<sup>ND</sup> FEBRUARY 2021**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS	RAG Rating
<b>QSEAC (21)14</b>	<b>Annual Review of QSEAC Terms of Reference</b> <ul style="list-style-type: none"> <li>To review the membership and reinstate the Assistant Director of Therapies and Health Sciences in the QSEAC Terms of Reference.</li> </ul>	JW	April 2021	Complete	
<b>QSEAC (21)16</b>	<b>Corporate Risks Assigned to QSEAC</b> <ul style="list-style-type: none"> <li>To provide further assurance on how Risk 1032, and the impact on patients from delays to assessment and diagnosis for Mental Health and Learning Disabilities, can be mitigated.</li> <li>To discuss, with Mrs Judith Hardisty, outside of the Committee meeting, the discussions held with the Minister for Mental Health, Wellbeing and Welsh Language regarding the use of Welsh Government premises for Autism Spectrum Disorder (ASD) clinics.</li> <li>To escalate Risk 684 to Board via the Committee update report, including a caveat of the measures taken with ongoing discussions with Welsh Government</li> </ul>	AC	June 2021	Forward planned for inclusion within the Committee agenda for June 2021	
		JH/AC	April 2021	Meeting held Thursday 25 <sup>th</sup> March 2021.	
		Chair	March 2021	Forward planned for inclusion in the Committee update report to Board	

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QSEAC (21)17	<b>Risk 633: Cancer Pathway</b> <ul style="list-style-type: none"> <li>To present an update to the Committee.</li> </ul>	KJ	August 2021	Forward planned on the QSEAC work programme for 2021/22	
QSEAC (21)21	<b>Accessing Emergency Specialist Spinal Service</b> <ul style="list-style-type: none"> <li>To present an update on the progress of developments to improve patient access to Emergency Spinal Services to the Committee.</li> </ul>	CH	August 2021	Forward planned on the QSEAC work programme for 2021/22	
QSEAC (21)22	<b>Health and Care Standards Fundamentals of Care (FoC) Audit 2019</b> <ul style="list-style-type: none"> <li>To present an update on the development of mini collaboratives to resolve persistent challenges identified by the FOC audit.</li> </ul>	MR	August 2021	Forward planned on the QSEAC work programme for 2021/22	
QSEAC (21) 24	<b>Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic</b> <ul style="list-style-type: none"> <li>To consider the review of care home deaths in the analysis for future reporting.</li> <li>To present an update on the number of patients waiting over 36 weeks by speciality/Referral to Treatment (RTT) waiting times and impact</li> </ul>	PK/JE AC/KJ	August 2021 October 2021	Forward planned on the QSEAC work programme for 2021/22 Forward planned on the QSEAC work programme for 2021/22	
QSEAC (21)25	<b>Sustainability Plan for Family Liaison Officers</b> <ul style="list-style-type: none"> <li>To provide an update as part of the Quality and Safety Assurance Report</li> </ul>	MR/LOC	June 2021	Forward planned for inclusion within the Quality and Safety Assurance Report for the June 2021 Committee meeting	

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QSEAC (21)26	<p><b>PREVENT and CONTEST Update</b></p> <ul style="list-style-type: none"> <li>To review the governance oversight for Emergency Planning and PREVENT with the Board Secretary to determine which Committee would be most appropriate to receive a report</li> </ul>	MR/JW	April 2021	Following discussion this item will now be managed through the Health and Safety Assurance Committee arrangements	
QSEAC (21)27	<p><b>Transcatheter Aortic Valve Insertion (TAVI) – Progress Report Update to Swansea Bay University Health Board</b></p> <ul style="list-style-type: none"> <li>To liaise with Swansea Bay University Health Board to receive an update on feedback from service users.</li> </ul>	LOC	April 2021	Update requested and received. Ongoing communication was in place with the families concerned and there was good progression of those cases being managed in accordance with the NHS redress process.	
	<ul style="list-style-type: none"> <li>To provide routine reporting on the quality and safety of patients in services provided by other Health Boards as part of the Quality and Safety Assurance Report.</li> </ul>	LOC	June 2021	Forward planned for inclusion within the Quality and Safety Assurance Report for the June 2021 Committee meeting	
QSEAC (21)36	<p><b>Any Other Business: Commissioned Services: Long Term Agreements (LTA) and Quality Assurance Update</b></p> <ul style="list-style-type: none"> <li>To provide clarification on the escalation process of quality concerns within LTAs.</li> </ul>	SP	April 2021	<p>The escalation process with Powys and Swansea Bay has been updated as below.</p> <p>First level for resolution</p> <ul style="list-style-type: none"> <li>Finance and Contracts Leads step now includes quality leads. (At this stage there are softer collaborative approaches used for resolution of performance, finance and quality</li> </ul>	

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				<p>issues, which would be at contracting meetings. Quality lead from HB attends meetings)</p> <p>Second level for resolution: As with level 1, a further step has been put into process</p> <ul style="list-style-type: none"> <li>• Assistant Director of Strategy, HDdUHB - Assistant Director of Value Based Contracting</li> <li>• If the matter is specifically Quality related then the second level of resolution should be: <ul style="list-style-type: none"> <li>• For the Commissioner and Provider Assistant Quality Directors to be included in discussions and escalated to Director level responsible for Quality if not resolved</li> </ul> </li> </ul>	

**TABLE OF ACTIONS FROM  
QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE MEETING  
HELD ON 16<sup>th</sup> MARCH 2021.**

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS	RAG Rating
QSEAC (21) 40	<p><b>Table of Actions from the Meeting held on 16<sup>th</sup> March 2021.</b></p> <p><b>QSEAC 2.1 Hospital COVID-19 Outbreak Update</b></p> <ul style="list-style-type: none"> <li>To include Accident and Emergency Department in the Lateral Flow Device (LFD) Testing report.</li> </ul>	AS	April 2021	A&E Department included in the LFD Testing report	
QSEAC (21)46	<p><b>QSEAC 3.4 Colorectal Green Pathway</b></p> <ul style="list-style-type: none"> <li>To write to all staff involved in the Colorectal Green pathway and express thanks.</li> </ul>	MR/AL	April 2021	Letter of thanks disseminated.	
QSEAC (21)48	<p><b>QSEAC 4.2 Paper to Executive Team: Amber Pathway in Critical Care for Post-Operative Cancer Patients</b></p> <ul style="list-style-type: none"> <li>To check the original decision made by Executive Team in relation to the Amber Pathway in Critical Care for Post-Operative Cancer Patients and confirm that the Committee could support and endorse the proposal.</li> </ul>	JW	April 2021	Confirmation received that the paper to Executive Team is for the Committee to NOTE only.	