

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

Date and Time of Meeting:	9.30am, 13 th April 2021
Venue:	Meeting Room 1, Ystwyth Building/MS Teams

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) Miss Maria Battle, HDdUHB Chair (VC) Mr Winston Weir, Independent Member (VC)</p>
In Attendance:	<p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Dr Philip Kloer, Medical Director & Deputy CEO (VC) Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety (VC) Mr Andrew Carruthers, Director of Operations (VC) Mrs Ros Jervis, Director of Public Health (VC) Mrs 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 Cathie Steele, Head of Quality & Governance (VC) Ms Mandy Davies, Assistant Director of Nursing and Quality Improvement (VC) (part) Ms Julie Jenkins, Head of Midwifery and Women's Services (VC) (part) Dr Roopam Goel, Consultant Obstetrics and Gynaecology (VC) (part) Ms Mel Jenkins, Senior Nurse Infection Prevention (VC) (part) Mr David Richards, Service Delivery Manager OOH/111 (VC) (part) Ms Chris Hayes, Nurse Staffing Programme Lead (VC) (part) Ms Rebecca Jewell, Healthcare Inspectorate Wales (VC) Dr Barbara Wilson, Vice Chair, Hywel Dda Community Health Council (VC) Ms Donna Coleman, CHC (VC) Mr Phil Jones, Audit Wales (VC) Mrs Sarah Bevan, Committee Services Officer (Minutes)</p>

QSEAC	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
(21)38	<p>The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Assurance Committee (QSEAC) meeting and extended a special welcome to Mr Winston Weir attending his first Committee meeting as an Independent Member. Mr Weir thanked Ms Lewis and expressed his pleasure in joining Hywel Dda University Health Board (HDdUHB).</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Ms Jill Paterson, Director of Primary Care, Community and Long Term Care • Mrs Sian Passey, Assistant Director of Nursing (Safeguarding and Assurance) 	

QSEAC (21)39	DECLARATIONS OF INTERESTS There were no declarations of interests made.	
QSEAC (21)40	MINUTES AND MATTERS ARISING FROM THE MEETINGS HELD ON 2ND FEBRUARY 2021 AND 16TH MARCH 2021 RESOLVED - that the minutes of the meetings of the Quality, Safety and Experience Assurance Committee (QSEAC) held on 2 nd February 2021 and 16 th March 2021 be approved as a correct record, subject to the following amendment to the 2 nd February 2021 minutes: <ul style="list-style-type: none"> • QSEAC(21)16 Corporate Risks Assigned to QSEAC: To change ‘Mrs Shakeshaft responded that although there have been major improvements in performance, the risk score remains, as there may be future issues with testing which is being led by the Department of Social Care and therefore not being under the control of the Health Board’ to ‘Mrs Shakeshaft responded that although there have been major improvements in performance, the risk score remains, as there may be future issues with testing which is being led by the Department of Health and Social Care and therefore not being under the control of the Health Board’. 	
QSEAC (21)41	TABLE OF ACTIONS FROM THE MEETINGS HELD ON 2ND FEBRUARY 2021 AND 16TH MARCH 2021 An update was provided on the Table of Actions from the meetings held on 2 nd February 2021 and 16 th March 2021, with the following noted: <ul style="list-style-type: none"> • QSEAC (21)16 Corporate Risks Assigned to QSEAC: Mr Paul Newman enquired whether there was further update from the discussions held on 25th March 2021, regarding the use of Welsh Government (WG) premises for Autism Spectrum Disorder (ASD) clinics. Mrs Judith Hardisty informed Members of the possibility of property being made available for this use in Carmarthen town centre as a more suitable solution than the initial option in Picton Terrace, Carmarthen. • QSEAC (21)36 Commissioned Services: Long Term Agreements (LTA) and Quality Assurance Update: Mrs Mandy Rayani updated Members that discussions with the Assistant Director of Nursing (Safeguarding and Assurance) on how to manage the escalation process regarding Long Term Agreements are ongoing. • QSEAC (21)46 Colorectal Green Pathway: Mrs Rayani advised Members that the letter of thanks issued to all staff involved in the Colorectal Green Pathway had been gratefully received. 	
QSEAC (21)42	QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE ANNUAL REPORT 2020/21 The Quality, Safety and Experience Assurance Committee Annual Report 2020/21 was presented to Members for review and approval for onward submission to Board. Mrs Rayani thanked Mrs Sarah Bevan for collating the report, noting that further discussions on a more appropriate format going forward would be discussed with the Board Secretary to provide an improved overview of key themes and issues that have arisen throughout the year.	

	Mrs Alison Shakeshaft echoed Mrs Rayani's sentiments regarding the Operational Quality, Safety and Experience Sub-Committee (OQSESC) Annual Report 2020/21 and welcomed discussions on how to make the report more meaningful in future.	
	The Committee APPROVED the Quality, Safety and Experience Assurance Committee Annual Report 2020/21 for onward submission to Board.	

QSEAC (21)43	<p>MATERNITY SERVICES STORY/UPDATE</p> <p>The Committee received the Maternity Services presentation from Ms Julie Jenkins and Dr Roopam Goel, outlining the Health Board's response to the recommendations from the Healthcare Inspectorate Wales (HIW) National Review of Maternity Services Report in 2019/2020 and the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MBRRACE-UK) Perinatal Mortality Surveillance Report 2021.</p> <p>Ms Jenkins informed Members that the service has been successful in appointing substantive consultants in Carmarthenshire and Pembrokeshire, and also in appointing a bereavement midwife. Ms Jenkins further informed Members that funding had been secured to appoint a 0.4 WTE research midwife. Members were advised that phase 2 of the new labour ward at Glangwili General Hospital (GGH) is currently on track for completion by the end of June 2021.</p> <p>Mrs Delyth Raynsford enquired whether the appointment of the bereavement midwife would address potential inequalities within other sites across the Health Board. Ms Jenkins assured Members that the post would cover all three counties, having a base in Aberystwyth in addition to Carmarthenshire and Pembrokeshire.</p> <p>Mr Newman enquired whether there were any remaining gaps in vacancies and whether any learning had been gleaned from the recruiting process. Dr Goel advised that following the proactive approach adopted, there is one vacant post currently in Bronglais General Hospital (BGH) pending approval by the Royal College of Obstetricians and Gynaecologists (RCOG). Ms Goel further advised that three long term locums in GGH are in the process of submitting job plans to the RCOG for approval.</p> <p>Mrs Hardisty commended the excellent quality of candidates and the work undertaken by the team involved to progress and manage the recruitment process.</p> <p>Ms Goel assured Members that the emotional wellbeing of both mothers and staff is at the forefront of bringing about changes to the service. Miss Maria Battle commended the team for this focus.</p> <p>Mrs Rayani enquired in regard to feedback received from parents in respect of visiting arrangements during the COVID-19 pandemic. Ms Jenkins responded that support for mothers over the past year has had the most significant impact upon families and that partners have been encouraged to attend where appropriate. Ms Jenkins informed Members that the visiting policy will be reviewed with the anticipation that, by mid May 2021, one supporting partner would be able to visit their partner on the postnatal ward for a specified timeframe thus providing support during this important transition to parenthood.</p>	
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	<p>Dr Goel informed Members that prior to the publication of the MBRRACE Twins Report 2021, the service had been proactive in establishing a dedicated multidisciplinary team Twin Clinic across the Health Board and were therefore well prepared.</p> <p>In conclusion, Ms Lewis acknowledged the positive progress of the service's action plan in response to the two reports and welcomed an update at a future Committee meeting.</p> <p><i>Ms Julie Jenkins and Ms Roopam Goel left the Committee meeting</i></p>	JJ
	<p>The Committee NOTED the Maternity Services presentation and RECEIVED ASSURANCE that the actions in response to the HIW and MBRRACE reports are being implemented and addressed.</p>	

QSEAC (21)44	<p>UPDATE ON SINGLE POINT OF CONTACT</p> <p>The Update on Single Point of Contact Report was presented to Committee, highlighting the complexity of the project and the impact of COVID-19 on elective surgery. Mrs Mandy Davies informed Members that the project encompasses a kind and compassionate outreach, offering a personalised contact with those on waiting lists. Mrs Davies advised that the team are currently in the process of contacting approximately 1,500 patients who have not yet responded to the first contact letter sent to patients waiting over 52 weeks.</p> <p>Mrs Davies informed Members that validation of the cohort of 363 orthopaedic patients identified for the pilot for the single point of contact model is on track to commence at the end of April 2021, with roll out of the plan to other specialties to be agreed with the Planned Care team.</p> <p>Mrs Davies further informed Members of the change in title of the project from Single Point of Contact to Waiting List Support, given that the term single point of contact could apply to several services across the Health Board.</p> <p>In terms of the mechanisms for communication, Mrs Rayani highlighted that not every patient will have access to information and support via digital media, therefore having the ability to speak to someone remains vital. Mr Weir expressed his agreement with the change in the project title and recognised the difficulty in engaging patients due to the pandemic, particularly in light of current government guidelines around self-isolation.</p> <p>With regard to the data on slide 2 of the presentation, Mr Newman sought assurance that the 159 patients who wish to be removed from the waiting list have been verified as clinically appropriate. Mrs Davies responded that each patient is contacted directly by the relevant service to ensure that removal from the waiting list is appropriate.</p> <p>On behalf of QSEAC, Ms Lewis conveyed thanks to Mrs Davies and to the team involved for the undertaking of this work.</p> <p><i>Mrs Mandy Davies left the Committee meeting</i></p> <p>The Committee RECEIVED ASSURANCE that:</p> <ul style="list-style-type: none"> • All identified controls are in place and working effectively. 	
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- All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.

**QSEAC
(21)45**

UPDATE ON RISK 129: ABILITY TO DELIVER AN URGENT PRIMARY CARE OUT OF HOURS SERVICE FOR HYWEL DDA PATIENTS

Mr David Richards joined the Committee meeting

The Update on Risk 129: Ability to Deliver an Urgent Primary Care Out of Hours Service for Hywel Dda Patients Report was presented to Committee. Introducing the report, Mr Andrew Carruthers emphasised that the Primary Care Out of Hours (OOH) service provides GMS cover for two thirds of every week, which serves to highlight the level of service provision required. Mr Carruthers advised Members that variations in staffing combined with the risks faced across the region are reflected in Risk 129, with the current risk rating of 12 remaining unchanged. Despite several actions being identified, solutions being implemented, and consideration of how this risk may be applied differently, the fragility of the service remains evident and it is apparent that this risk may need to be retained as an active concern for the foreseeable future.

Mr David Richards advised Members that the risk remains at its current level due to the variation in service provision brought about by the instability of shift fill as the majority of clinicians working for the service remain sessional workers. This in turn prevents forward planning and stabilisation of rotas in a proactive way. However, Mr Richards advised that fears of a detrimental impact of the COVID-19 pandemic had not materialised due to changes to working practices, supported by the relative stability of rotas, as a result of fewer holidays/annual leave being taken. Mr Richards informed Members that Pembrokeshire remains the most fragile region due to long term sickness amongst GP colleagues as opposed to being attributed to the pandemic.

Ms Lewis recognised the continual day to day effort required to sustain the current model and acknowledged that the working group assigned to OOH as part of the Executive priorities for service transformation in 2019/20 to consider modernisation of the service and its clinical model, is yet to reconvene as a result of the pandemic. When questioned on the timescale for this work reconvening, Mr Carruthers advised that consideration would need to be given to a number of factors, including patient engagement and the submission of the Urgent Primary Care Service business case to WG and how this model will affect previous deliberations on OOH configuration. Mr Carruthers informed Members that the timescale for submission of the business case to WG is the end of April 2021.

Mrs Hardisty raised concerns at the apparent lack of connectivity with the wider Primary Care and Community strategy for Wales, advising that cluster leads are keen to get involved to avoid a disjointed system in place with so many different access points into care, and enquired whether harm could result with the current system. Mr Richards responded that no concerns had been raised to date and, having met with clusters, no feedback had been received that cases are being referred to daytime services for treatment.

Ms Chris Hayes joined the Committee meeting

	<p>In response to comments from Members on the expectation of returning to previous ways of working once the pandemic comes to an end, Dr Kloer advised that from a GP perspective there would be a balance to be struck between seeing patients face to face and virtually, dependent upon what is most appropriate as opposed to personal preference.</p> <p>In terms of clinical governance, Mr Carruthers assured Members that temporary measures are in place to make the current position more resilient, advising that the Deputy Medical Director of Primary Care & Community Services has enhanced clinical governance for the service with specific workstreams and mechanisms in place to audit current provision.</p> <p>Miss Battle noted that consideration would need to be given to the impact of unscheduled care on the challenges in OOH, and timeframes set to enable the Board and Committee to scrutinise the improvement work.</p> <p>Ms Lewis concluded that whilst assurance had been provided regarding the operational efforts to keep the fragile service afloat, from a quality and safety perspective the Committee received limited assurance on the impact on patients; further assurance is therefore required on the consequences of the service's fragility on patient safety and clinical needs.</p> <p>Mrs Rayani undertook to request Mrs O'Connor liaise with Mr Richards to capture service user experience.</p> <p><i>Mr David Richards left the Committee meeting</i></p>	<p>AC</p> <p>MR/LOC/ DRI</p>
	<p>The Committee NOTED the Update on Risk 129: Ability to Deliver an Urgent Primary Care Out of Hours Service for Hywel Dda Patients report and RECEIVED LIMITED ASSURANCE that mitigating actions are in place, with further assurance requested to be provided at a future Committee meeting.</p>	

<p>QSEAC (21)46</p>	<p>QUALITY AND SAFETY ASSURANCE REPORT</p> <p>The Quality and Safety Assurance Report was presented to Committee. In addition to the information provided in the report, Mrs Cathie Steele informed Members that the Once for Wales Concerns Management System had been launched by the Health Board on 1st April 2021. This new system for reporting incidents will provide new opportunities for identifying themes and issues via new codes, with a greater focus on learning from incidents and concerns. Mrs Steele further informed Members that the Health Board is the only organisation in Wales to have gone live with the system to date, with the Quality Assurance Information System Team providing training to approximately 100 managers each day.</p> <p>Mrs Rayani thanked Mrs Steele and the team involved for their continuous work over the past few weekends to ensure that the system is working for front facing staff. Mrs Rayani informed Members that the first service to use the new system had been Primary Care, which historically has been the service least likely to utilise the Datix reporting system. Mrs Steele assured Members that the use of the system would ensure the Health Board obtains the 'Gold' standard desired from such a system to meet the needs of HDdUHB.</p>	
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	<p>Ms Lewis enquired how the Health Board could obtain oversight of the issues and themes, such as falls and missed fractures identified within the work of the Listening and Learning Sub-Committee. Mrs Rayani responded that quality improvement metrics are being developed to facilitate this, with a focus on a thematic review of learning rather than on individual cases. Mrs Rayani assured Members that themes are reported through the Listening and Learning Sub-Committee and the Health Board's scrutiny and improvement groups.</p> <p>In relation to peer reviews, such as the Stroke Services and Neonatal Unit reviews at GGH, Mrs Rayani further assured Members that all reviews are revisited and progress against recommendations is monitored with lessons learned identified.</p>	
	<p>The Committee NOTED the content of the Quality and Safety Assurance Report and RECEIVED ASSURANCE that processes are in place to review and monitor patient experience highlighted through incident reporting, complaints and feedback mechanisms.</p>	

<p>QSEAC (21)47</p>	<p>NURSE STAFFING LEVELS (WALES) ACT DRAFT ANNUAL REPORT 2020/21 AND NURSE STAFFING LEVELS WALES ACT IMPLEMENTATION: DRAFT 3 YEAR REPORT 2018-21</p>	
	<p>The Nurse Staffing Levels (Wales) Act Draft Annual Report 2020/21 and the Nurse Staffing Levels (Wales) Act Implementation: Draft 3 Year Report 2018-21 were presented to Committee to be sighted on prior to submission to WG. Members noted there is no scope in terms of the reporting template to be used.</p> <p>Mrs Hardisty queried the expected feedback, if any, from WG following submission of these reports. Ms Chris Hayes responded that the final 3-year report is to be presented to WG in early October 2021, followed by a summary report to be presented to the Senedd.</p> <p>On behalf of the Committee, Ms Lewis thanked Ms Hayes for the work undertaken in collating the reports.</p>	
	<p>The Committee NOTED the content of the Nurse Staffing Levels Wales Act Draft Annual Report 2020/21 and the content of the Nurse Staffing Levels Wales Act Implementation Report: Draft 3-Year Report 2018-21 and RECEIVED ASSURANCE that the necessary processes and reviews have been implemented to demonstrate compliance with the duties of the Nurse Staffing Level (Wales) Act.</p>	

<p>QSEAC (21)47</p>	<p>PREPAREDNESS FOR EXTENSION OF THE SECOND DUTY OF THE NURSE STAFFING LEVELS (WALES) ACT 2016 TO PAEDIATRIC INPATIENT WARDS</p>	
	<p>The Preparedness for Extension of the Second Duty of the Nurse Staffing Levels (Wales) Act 2016 to Paediatric Inpatient Wards report was presented to Committee. Professor John Gammon enquired whether there are any risks identified associated with the difficulty in recruitment and the calculations for the required staffing levels. Mrs Rayani assured Members that extensive mapping has been undertaken and Ms Hayes anticipated no issues in regard to recruitment to fill the planned rotas.</p>	

Professor Gammon sought assurance that the workforce planning under the second duty had been appropriately managed. Ms Hayes advised that work has been undertaken over the past six months to identify opportunities arising from the introduction of new skill mixes and new roles. Ms Hayes assured Members of her level of confidence in gaining an understanding and development of a fitting team to meet the needs of the paediatric wards in BGH and GGH.

Mrs Hardisty queried the rationale behind the narrow focus of the Act's extension to inpatient wards, which does not consider community teams and its links with the autism and neurodevelopmental services. Mrs Rayani advised that the process is particularly iterative due to the size of the task hence the breakdown introduced across all services. However, there remains a requirement to review all parts of the service with discussions already in place to consider community services in the future.

In terms of neurodevelopmental services, Mrs Rayani informed Members that following a retirement within the service an opportunity has arisen that could provide an alternative role in bridging the gap between Mental Health and Learning Disabilities (MHL), Child and Adolescent Mental Health Services (CAMHS) and paediatrics, which would better inform the wider health picture. This is being explored by the Women and Children's Directorate.

Ms Hayes advised Members that a national programme determines those services or areas of service which are addressed, and when.

Ms Chris Hayes left the Committee meeting

Ms Mel Jenkins joined the Committee meeting

The Committee **NOTED** the content of the Preparedness for Extension of the Second Duty of the Nurse Staffing Levels (Wales) Act 2016 to Paediatric Inpatient Wards report and **RECEIVED ASSURANCE** that the Health Board is well positioned, and is continuing to take all actions required, to ensure that statutory requirements will be met when the Nurse Staffing Levels (Wales) Act is extended to apply to paediatric inpatient wards on 1st October 2021.

**QSEAC
(21)48**

**OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE
UPDATE REPORTS**

The Operational Quality, Safety and Experience Sub-Committee (OQSESC) Update Reports from the meetings held on 28th January 2021 and 4th March 2021 were presented to Committee.

Mrs Shakeshaft informed Members that an extraordinary meeting had been held on 28th January 2021, to consider whether the Sub-Committee was assured on the risk assessment that had been carried out into the options proposed to resolve changes to the on-call system for staffing BGH out of hours (OOH) in theatres, specifically maternity services. Mrs Shakeshaft advised that the Sub-Committee acknowledged the extensive work carried out to risk assess all options and favoured option 3, consisting of the implementation of Operating Department Practitioner (ODP) overnight cover, a resident overnight Healthcare Support Worker (HCSW), and one on-call scrub overnight shift cover. The Sub-Committee also received assurance that option 3's reduced risk score of 5 is within the Health Board's tolerance for safety.

	In relation to QQSESC's meeting on 4 th March 2021, Ms Lewis requested an update on the legislative gap in relation to enforcing isolation of patients who lack capacity and who are infected with COVID-19 within hospitals and care homes, a concern which has been raised at a national level. Mr Carruthers noted that the national response had not been particularly helpful, with the Health Board's legal team reviewing how best this can be managed from a legal perspective. Mrs Rayani assured Members that the usual safeguards regarding the Mental Capacity Act (MCA) are in place and that audit work continues to be undertaken. Mrs Rayani provided further assurance that a deep dive on Mental Health and Learning Disabilities would be presented to a future Committee meeting.	
	The Committee NOTED the content of the Operational Quality, Safety and Experience Sub-Committee Update Reports.	

QSEAC (21)49	OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE ANNUAL REPORT 2020/21	
	<p>The Operational Quality, Safety and Experience Sub-Committee Annual Report 2020/21 was presented to Members. Professor Gammon acknowledged the significant amount of work assigned to the Sub-Committee's responsibility and enquired whether the Sub-Committee is able to execute all its responsibilities and provide assurance in key areas.</p> <p>Mrs Shakeshaft advised that she had similar concerns when the Sub-Committee became an amalgamation of three previous Sub-Committees into one.</p> <p>Mrs Rayani informed Members that, following the Wales Audit Office report and various reviews around Quality Governance, there is scope to amend the governance structure and arrangements for this Sub-Committee. It is also anticipated that County level meetings will be established and that standardised agendas will be implemented for every County and Directorate level meeting across the Health Board. Mrs Rayani further informed Members that, COVID-19 pandemic allowing, patient safety walkarounds could resume to assist with ensuring that Committees and Sub-Committees are dealing with issues at the most appropriate level.</p> <p>Mrs Jervis queried the possibility of revisiting the membership within the QQSESC terms of reference to include the Assistant Director of Public Health. Mrs Joanne Wilson undertook to discuss this with Mrs Shakeshaft and Mrs Jervis outside of the meeting for approval at a future Committee meeting or via Chair's Action, as appropriate.</p>	JW/AS/ RJ
	The Committee ENDORSED the content of the Operational Quality, Safety and Experience Sub-Committee Annual Report 2020/21.	

QSEAC (21)50	LISTENING AND LEARNING SUB-COMMITTEE UPDATE REPORT	
	<p>The Listening and Learning Sub-Committee Update Report was presented to Committee.</p> <p>Mrs O'Connor informed Members that a meeting would take place between the Board Secretary and the Director of Nursing, Quality and Patient Experience to review how the Sub-Committee links across Quality Governance arrangements to provide assurance that themes and root causes are being addressed. Mrs O'Connor further informed Members that the Sub-</p>	LOC

	<p>Committee's terms of reference are to be reviewed and presented to the June 2021 Committee meeting for approval.</p> <p>In relation to the update on Speaking Up Safely, Mrs Hardisty noted it was encouraging to see the input into the various Champion roles and the positive interest received. Mrs Battle assured Members that there would be a presentation to a future Board meeting regarding the Speaking Up Safely process, outcomes and the development of outcomes.</p>	
	<p>The Committee NOTED the content of the Listening and Learning Sub-Committee Update Report and RECEIVED ASSURANCE from the actions taken by the Sub-Committee to mitigate the risks articulated.</p>	

QSEAC (21)51	LISTENING AND LEARNING SUB-COMMITTEE ANNUAL REPORT 2020/21	
	<p>The Listening and Learning Sub-Committee Annual Report 2020/21 was presented to Committee, with no comments received from Members.</p>	
	<p>The Committee ENDORSED the Listening and Learning Sub-Committee Annual Report 2020/21.</p>	

QSEAC (21)52	RESEARCH AND DEVELOPMENT (R&D) SUB-COMMITTEE UPDATE REPORT	
	<p>The Research and Development Sub-Committee Update Report was presented to Committee, with Dr Kloer advising Members of the following key points:</p> <ul style="list-style-type: none"> • New Membership: the appointment of Dr Sam Rice, Consultant Physician and Endocrinologist, as the new Clinical Director. Dr Kloer conveyed his thanks to Dr Subhamay Ghosh, Consultant Anaesthetist, for his time as Interim Director. It was noted that Dr Leighton Phillips is now the Director of Research, Innovation and University Partnerships. • Revised Sub-Committee Terms of Reference: Dr Kloer informed Members of a proposed change in name to the Research and Innovation Sub-Committee (R&ISC) to better reflect the increased innovation activity overseen by the Sub-Committee. • The Research and Innovation Strategy 2021-2024 was presented to Committee as an appendix to the update report. Dr Kloer advised that the strategy is supported by Health and Care Research Wales (HCRW) and assured Members that the Sub-Committee is developing a plan to monitor delivery of the strategy. Dr Kloer also assured Members that the strategy will form part of the Health Board's Annual Plan. - University Status Review: Dr Kloer informed Members that the Health Board's University Status is anticipated to be maintained following the review meeting due to take place on 16th April 2021. <p>Professor Gammon commended the team involved for the extraordinary changes made to the department over the past year and welcomed the four strategic goals identified within the strategy. Professor Gammon emphasised the importance of evidencing the impact of research and innovation in improving the quality of services in the future, which Dr Kloer acknowledged.</p> <p>On behalf of the Committee, Ms Lewis recognised the contribution and leadership of Dr Phillips' work, noting that the Committee was content to support the report's recommendations.</p>	

	<p>The Committee NOTED the content of the Research and Development Update Report and</p> <ul style="list-style-type: none"> - APPROVED the name change of the Research and Innovation Sub-Committee and the revised Terms of Reference. - APPROVED the Research & Innovation Strategy 2021-2024. - APPROVED the approach to the preparation of the University Status review submission. 	
QSEAC (21)53	<p>RESEARCH AND DEVELOPMENT (R&D) SUB-COMMITTEE ANNUAL REPORT 2020/21</p> <p>The Research and Development Sub-Committee Annual Report 2020/21 was presented, with no comments received from Members.</p> <p>The Committee ENDORSED the Research and Development Annual Report 2020/21.</p>	
QSEAC (21)54	<p>INFECTION PREVENTION STRATEGIC STEERING GROUP UPDATE</p> <p>The Infection Prevention Strategic Steering Group Update slide set was presented to Committee, highlighting the key agenda items discussed at its meetings during Quarter 4 of 2020/21. Ms Mel Jenkins assured Members that the Clostridium difficile (C-diff) outbreaks, predominantly in WGH, are being managed under outbreak management arrangements, with Ultraviolet (UV) cleaning in place to ensure no further outbreaks occur.</p> <p>In relation to Antimicrobial Resistance (AMR), Mrs Rayani highlighted a national report on antimicrobial prescribing in Primary Care, which identified a 24% increase in prescribing compared to the same period the previous year and assured Members that work is being undertaken to address this additional prescribing.</p> <p>In relation to the Cleaning Standards funding bid made to WG, Ms Lewis queried how the Health Board is managing in the absence of this funding at present. Mrs Rayani advised that the £2.8m bid is to include an uplift to housekeepers, provision for training, and the development of supervisory roles. However, there has been a delay in allocation due to a wide variation in values submitted nationally with Mrs Rayani anticipating that some, if not all of the funding, would be approved.</p> <p>Ms Jenkins informed Members there had been no Norovirus outbreaks over the recent winter period. In response to a query from Miss Battle on whether the pandemic had changed behaviour in terms of infection prevention. Ms Jenkins advised that measures associated with the pandemic had established new infection prevention measures such as mask wearing and had improved hand hygiene in general.</p> <p>The Committee NOTED the content of the slide set and RECEIVED ASSURANCE from the report.</p>	
QSEAC (21)55	<p>FOR INFORMATION: INTERNAL AUDIT REPORTS</p> <p>The following Internal Audit reports relating to quality were presented to Committee for information, following receipt by the Audit and Risk Assurance Committee at its meeting on 23rd February 2021:</p> <ul style="list-style-type: none"> • Quality & Safety Governance (Reasonable Assurance); • Health and Care Standards (Substantial Assurance); • Closure of Actions (Reasonable Assurance). 	

	The Committee NOTED the content of the three Internal Audit reports.	
QSEAC (21)56	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE WORK PLAN 2021/22	
	The Committee received the Quality, Safety & Experience Assurance Committee Work Plan 2021/22.	
	The Committee NOTED the Quality, Safety & Experience Assurance Committee Work Plan 2021/22.	
QSEAC (21)57	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE DECISION TRACKER 2020/21- AMBER ACTIONS ONLY	
	No report presented as all actions have been completed.	
QSEAC (21)58	QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE SUB-COMMITTEES DECISION TRACKER 2020/21 – AMBER ACTIONS ONLY	
	No report presented as all actions have been completed.	
QSEAC (21)59	ANY OTHER BUSINESS	
	No further business was raised.	
QSEAC (21)60	DATE & TIME OF NEXT MEETING	
	8 th June 2021, 9.30-11.30am	