

**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, 14 February 2023
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair) Mr Paul Newman, Independent Member Mrs Judith Hardisty, Independent Member and UHB Vice Chair Ms Ann Murphy, Independent Member Mrs Delyth Raynsford, Independent Member (Committee Vice Chair)</p>
In Attendance:	<p>Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety Mr Andrew Carruthers, Director of Operations Mr John Evans, Deputy Director, Medical Directorate Mr Keith Jones, Director of Secondary Care Services Mr Lance Reed, Clinical Director of Therapy Services Mr William Oliver, Assistant Director of Therapies and Health Science Mrs Joanne Wilson, Board Secretary Mrs Louise O'Connor, Assistant Director, Legal Services/Patient Experience Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (Lead Executive) Mrs Sian Passey, Assistant Director of Nursing, Acute Operational Services Ms Cathie Steele, Head of Quality and Governance Ms Helen Williams, Hywel Dda Community Health Council (CHC) Representative (Part) Ms Jill Paterson, Director of Primary Care, Community & Long Term Care (Part) Ms Kay Isaacs, Interim Assistant Director of Nursing, Mental Health and Learning Disabilities Ms Lisa Humphreys, Interim General Manager Ms Mandy Davies, Assistant Director of Nursing and Quality Improvement Ms Melanie Evans, Head of Service, Mental Health and Learning Disabilities (Part) Ms Sharon Daniel, Assistant Director of Nursing Ms Sian Hopkins, Head of Quality Improvement Professor Philip Kloer, Medical Director and Deputy Chief Executive Officer (Part) Ms Marilize Preeze, Improvement and Transformation Lead (Observing) Ms Jenny Pugh-Jones, Clinical Director of Pharmacies and Medicines Management Ms Katie Lewis, Committee Services Officer (Minutes)</p>

QSEC (22) 131	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"> Ms Bethan Lewis, Interim Assistant Director of Public Health Ms Alison Shakeshaft, Director of Therapies & Health Science 	

	<ul style="list-style-type: none"> • Dr Joanne McCarthy, Deputy Director of Public Health 	
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QSEC (22)132	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	

QSEC (22)133	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 14 DECEMBER 2022	
	The minutes from the previous meeting were approved as an accurate record.	

QSEC (22)134	TABLE OF ACTIONS (TOA) FROM THE MEETING HELD ON 14 DECEMBER 2022	
	<p>Mr Paul Newman requested timescales to be included for TOA Reference QSEC (22)75 and QSEC (22)101 and Mrs Mandy Rayani undertook to liaise with Mr Shaun Ayres and Mrs Jill Paterson and provide an update at the next QSEC meeting via the Table of Actions. Mrs Rayani provided assurance that Mr Jeff Bowen, Head of Patient Experience is working with the Primary Care team to explore gathering patient experience feedback from the Managed Practices which will be included as part of the Patient Experience Report for Public Board for 30 March 2023.</p> <p>QSEC (22) 112: Corporate Risk Register: With reference to the update provided that risks associated with the patient presentation challenges at the Minor Injuries Unit (MIU) in Llanelli, which will be discussed as part of the Improving Together sessions at the end of January 2023, Mrs Hardisty requested a further update. In response, Mr Andrew Carruthers stated that the initial round of Improving Together sessions have commenced with focus on performance, workforce and quality and safety matters and have already shown signs of supporting the Directorate's work through a number of issues. The Chair requested a summary report of actions is shared with QSEC following the Improving Together sessions, including emerging themes relating to quality and safety matters.</p> <p>QSEC (22) 114 Quality Assurance Report: Mr Carruthers updated Members that work is underway to develop the Terms of Reference for the revised governance arrangements with contribution from the Board Secretary for the work to strengthen reporting and an update will follow for the QSEC meeting in April 2023. The Chair suggested that a short presentation is provided to QSEC in June 2023 including governance arrangements, the work currently being undertaken and the expected outcomes to acknowledge that a number of the new arrangements will be in place at that time.</p> <p>QSEC 22 (125): OQSESC Update Report: Mrs Judith Hardisty noted that the Directorate / Site Exception Reports will be revised as part of the Operational Quality, Safety and Experience Sub Committee to ensure consistency in reporting.</p>	<p>MR</p> <p>AC</p> <p>AC/ JW</p>

QSEC	OUTCOME OF SELF ASSESSMENT 2021/22	
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<p>(22)135</p>	<p>The Chair presented the Committee’s Self-Assessment 2021/ 22 report and opened for comments and questions.</p> <p>Mr Paul Newman suggested holding future meetings in a more clinical and operational setting to provide the Committee with opportunities to witness and discuss with staff, the themes that are reported to QSEC. In response, Mrs Rayani highlighted current accommodation challenges but will explore possibilities if there are no cost implications. Mrs Rayani suggested that patient experience walkabout visits are increased for the Committee to visit particular areas of interest that are discussed at QSEC or via the ‘Hot and Happening’ weekly sessions. The Committee noted that consideration is being given to the development of a guidance brief to ensure conversations with staff are clear, to avoid misinterpretation and to request that any matters requiring escalation from these discussions are fed back to the Executive Team for action.</p> <p>Ms Cathie Steele updated Members that quality and engagement walkabout visits are now taking place following a break during the COVID-19 Pandemic and suggested that service visit decisions are made at QSEC. The Quality Assurance Report will continue to provide a summary of the walkabout visits and feedback.</p> <p>The Chair suggested that further discussion on the governance role and ideas to strengthen the Committee’s arrangements take place in the Chair’s meeting and also suggested scheduling annual catch ups between the Chairs of QSEC and Operational Quality, Safety and Experience Sub Committee which can also be discussed in the Chair’s meeting.</p> <p>The Board Secretary assured Ms Helen Williams that engagement feedback is provided following the Chair of the Health Board’s Health Board’s visits.</p> <p>The Committee noted that the Self-Assessment template format will be revised for the next Self-Assessment cycle and QSEC will be the first Committee to trial the new version.</p>	<p>JW/MR</p>
	<p>The Committee RECEIVED ASSURANCE that all actions from the QSEC Self-Assessment 2021/22 have been progressed within the agreed timescales.</p>	

<p>QSEC (22)136</p>	<p>RISK ON HARM AND EXPERIENCE DUE TO OPERATIONAL PRESSURES</p> <p>Ms Anna Lewis welcomed the update presentation on the risk of harm and patient experience due to the current operational pressures, noting the wealth of data provided which has been valuable in setting the scene. Ms Lewis requested that Mr Keith Jones, provided a verbal update on interpretation of the data in terms of the impact of the pressures on quality, safety and experience for the population.</p> <p>Mr Jones acknowledged the large quantity of data which provided context to the Committee on current challenges and how the Safety Dashboard can be utilised to highlight hot spots in terms of pressures. Mr Jones noted that in some instances, the data offered a conflicting picture in terms of pressures and patient feedback, which could be seen as a tribute to the care provided by staff and also to the population for recognising the pressures and efforts by staff to provide the best care possible. Referring to the incident data within the</p>	
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Safety Dashboard, Mr Jones explained that the number of incidents have lessened during increasing pressures, however, there is a notable trend in the category of incidents that have taken place, such as the increase in reported pressure damage for patients.

Mrs Sian Passey updated Members that the Safety Dashboard has been useful to highlight an increase in incidents in areas where there have been particular nurse staffing level pressures. Further analysis work will take place on the impact on quality, safety and patient experience. Mrs Rayani agreed adding that the Dashboard is supporting the service not only for intelligence but is beginning to demonstrate hot spot areas for targeted input and intervention.

Mrs Judith Hardisty highlighted that July 2022 was a hot spot for a number of issues within the data and sought assurance that further analysis is taking place to understand why. In response, Mrs Rayani provided assurance that a monthly paper will be prepared for the Executive Team on the risks and what the Safety Dashboard is highlighting in terms of performance, potential harm and areas of pressure which will be looked at in more detail. Unfortunately, the Safety Dashboard was not available in July 2022, however Mrs Rayani recalled the nurse staffing challenges during this period. Since then, Mrs Rayani was pleased to inform members that 69 international nurses have now settled in to roles at Glangwili Hospital and no staffing vacancy challenges were raised during a recent site visit. The use of agency nursing staff remains a challenge in Witybush Hospital due to the significant pressures.

Mrs Rayani explained that the complaints data relating to pressure damage as an example of how targeted intervention is undertaken. Members also noted that falls data is system-wide and not specific to inpatient wards. A formal report is being prepared for Executive Team.

Mrs Rayani stated that it is pleasing to note that the culture for reporting incidents has improved; most are at a lower level in nature and she would not wish to set a trajectory for incident/ complaint reporting which may influence the progress.

Mrs Rayani provided an update on the work underway on culture in the Unscheduled Care Service, highlighting a shift in no longer using the term 'offloading' when referring to a patient being moved from the ambulance to a hospital bed as a way of ensuring the patient and their needs remain at the forefront of all conversations. Mrs Rayani was pleased to share the exemplary improvements undertaken at Witybush Hospital for patient flow with positive feedback from patients and staff regarding the changes.

Referring to the concerns data, Mrs Louise O'Connor explained that information provided relates to formal concerns that have escalated adding that going forward it will be useful to also include early resolution data. The majority of concerns are resolved prior to reaching the formal stage and a wealth of information will be available from sharing the conversations undertaken as part of the early resolution concerns for learning opportunities, themes and trends.

In response to a query from Mrs Raynsford regarding medication errors and whether this could be a system-wide issue rather than just nursing staff,

Mrs Rayani offered assurance that the data is reported across the organisation and not targeted only to nursing staff. Ms Cathie Steele assured Members that work is underway on system-wide Datix reporting and explained that when a medication error is reported, it is fed in to the cross-profession Medication Error Review Group and a staff competency test is also undertaken.

Ms Anna Lewis asked whether the data analysis is proportionately adjusted to capture the number of patients that are presenting to services in light of the overcrowding challenges. In response, Mr Caruthers does not believe so, however, at present overcrowding is a daily occurrence, along with space and accommodation challenges, which are not going to be easily resolved. The focus on streaming patients via alternative appropriate pathways is an ongoing priority. Mr Keith Jones added that staffing capacity to respond to the overcrowding challenges must be taken into account and this information can be tracked from the Safety Dashboard.

Ms Anna Lewis thanked the team for the presentation and useful data that raised more questions than gave answers. In light of the Committee's accountability in monitoring quality, safety and patient experience on behalf of the Board, they would welcome the dashboard to capture and share the scale of pressures and what it means for the organisation. A number of interesting lines for enquiry flow from the data provided which were only touched upon during the meeting and further updates will be required. The data also highlights a number of hot spots for further analysis and the Committee would welcome an update on the outcomes.

Mr William Oliver advised the Committee that an update on the Emergency Department Risk Oversight Group was provided at the previous Operational Quality, Safety and Experience Sub Committee and that regular updates will be scheduled going forward.

The Committee **NOTED** the update and **RECEIVED ASSURANCE** from:

- The developing quality and safety metrics and systems evolving to assess risks of harm and poor patient experience
- The early impact of the UEC and Planned Care improvement programmes in reducing the extent of operational pressures which drive risks of harm and poor patient experience

**QSEC
(22)137**

QUALITY ASSURANCE REPORT

Ms Cathie Steele presented the Quality Assurance Report highlighting that the Safety and Performance data will be discussed at the Directorate Quality and Safety meetings and a training schedule will be rolled out. Members were pleased to note that a roll out programme has been developed for representatives from the Corporate Quality Team to visit the Directorate Quality and Safety meetings to provide a demonstration and encourage the use of the Safety Dashboard. Mrs Rayani further updated Members that the next phase of the Dashboard development at the end of March 2023 will be to incorporate the Datix 'Concerns' data which will be useful for the triangulation of information.

Members noted a spike in moderate harm reporting, and work will take place to train staff on adjusting the level of harm prior to closing the incident on Datix.

With regard to the Infection Prevention and Control (IPC) Action Plan, Ms Sharon Daniel updated the Committee that the Improvement Plan has been submitted to the Delivery Unit and will be monitored on a regular basis. The Dashboard has been presented to the Quality Panel with representation from the three acute hospital sites and community hospitals within the next two weeks. There has been a recent outbreak of Norovirus within the Prince Philip Hospital that is being managed.

The Clostridioides Difficile (C.diff) rates continue to be high and the IPC Dashboard will be utilised for targeted intervention. The IPC team will continue to work closely with the clinical teams to step up cleaning standards and improve hygiene practices. The Committee noted that the infection rates are predominantly contracted from the community, with a current hot spot in Prince Philip Hospital (PPH) and specific areas in Withybush Hospital requiring attention. Members were pleased to note the trialling of new cleaning products in Withybush Hospital that are expected to support IPC and make financial savings. An engagement campaign will take place in collaboration with Public Health for communication with the public to support the IPC agenda.

Ms Delyth Raynsford noted the national growing concerns regarding infection rates and sought assurance that the Health Board are taking initiatives to improve the position in advance of receipt of the national improvement plan. Mrs Rayani updated Members that work is underway on planning initiatives and the Health Board are keen to put steps in place to improve the infections and the local communication plan on public messaging is underway in collaboration with Public Health. The Committee noted the capacity challenges with one Senior Nurse in the Community.

Mrs Hardisty provided feedback from discussions with Catering Staff in Withybush Hospital regarding concerns on the time taken to go through menu choices with patients via the new menu system which impacting on cleaning time and requested that this is monitored. Mrs Rayani, agreeing to follow this up with Mr Simon Chiffi, acknowledged that hygiene practice engagement opportunities will need to be maximised and agreed to explore the comment made by Ms Helen Williams regarding the opportunity to engage with the community at the new hospital engagement events.

Ms Lewis requested clarity on the governance arrangements for reporting on progress of the Infection and Prevention Improvement Plan and Ms Steele explained that Directorate Action Plans are developed with progress monitored through the respective Quality, Safety and Experience Groups. Challenges and learning opportunities are shared via the Health Board-wide Operational Quality, Safety and Experience Sub Committee.

Mr Paul Newman requested an update on the Never Event that took place on 23 January whereby a size 28mm femoral head was inserted in a 32mm acetabular cup during a hip replacement procedure whereby no clinical concerns were raised at the clinical review meeting. Ms Steele assured the Committee that the patient is doing well and was happy with the outcome of

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	<p>the surgery, however, did need to go back to theatre for repair work. A full investigation is underway. Ms Lewis highlighted the clinical concern that the patient was exposed to treatment that would not have been required the Committee agreed that the outcome should be reworded.</p> <p>In response to a further enquiry from Mr Newman on learning from the COVID-19 Reviews undertaken, Ms Steele explained that following-up from previous learning that was shared with the Committee, areas of good practice were highlighted, however, sometimes, were inconsistent across the Health Board. There was good use of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decision making practice, which was found to be justified at the appropriate time.</p> <p>Mrs Rayani updated Members on the recent routine relationship management meeting undertaken with Health Inspectorate Wales (HIW) and noted the helpful outcome with areas of concern discussed verbally and specific actions to take forward.</p>	CS
	<p>The Committee NOTED the safer care collaborative work and took assurance that processes, including the Listening and Learning Sub Committee, 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 • Compliance with Welsh Health Circulars • Quality improvement. 	

QSEC (22)139	<p>QUALITY IMPROVEMENT FRAMEWORK</p> <p>Mrs Mandy Rayani presented the updated Quality Improvement (QI) Framework which recognises how the EQuIP programme has evolved over the past four years and continues to adapt and improve.</p> <p>The Framework commits the Health Board to delivering two EQuIP Programmes per year with projects that can be identified as supporting one of the Health Board's Strategic Objectives and one of the five Quality Goals. The developing Improving Together system will inform the identification of improvement priorities for operational teams and will become a feeder for the EQLiP programme.</p> <p>Mrs Rayani updated Members regarding a recent meeting with Quality Improvement leads and regional innovation partners with Value Based Health care, Performance and Effective Clinical Practice representatives to discuss continuing to build capacity to drive improvements.</p> <p>Members were pleased to note that over 200 members of staff have been trained on the EQuIP with approximately 40 improvement coaches and 35 projects supported through the programme. Mrs Lewis noted the positive developments for a small investment that have driven valuable improvements and highlighted the agility and responsiveness of the team in taking on new projects which was commended by the Committee.</p>	
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	<p>Mrs Hardisty queried how the Health Board are ensuring that all leadership programmes are aligned, for example the EQUIP programme, other quality improvement leadership programmes and the Organisaitonal Development leadership programmes. Assurance was sought that the same people are not attending both programmes and that access is equitable. Mrs Hardisty felt that similarities, synergy and alignment between the two programmes need to be ensured. Mrs Hardisty sought further assurance that the programmes are cohesive and not working in silos and Mrs Rayani provided assurance that Ms Mandy Davies is leading work on reviewing links and synergy.</p>	
	<p>The Committee APPROVED the Quality Improvement Strategic Framework for 2023-2026 and RECOMMEND it to the Board.</p>	

<p>QSEC (22)140</p>	<p>EPILEPSY AND NEUROLOGY IN LEARNING DISABILITIES SERVICE</p> <p>Ms Melanie Evans presented an update on epilepsy within the Learning Disabilities service and the external review which was commissioned, led by Professor Rohit Shankar, Consultant in Developmental Neuropsychiatry and Clinical Director at Cornwall Partnership NHS. The service continues to have oversight and actively monitored patients during the review and work is ongoing to recruit in to Psychiatry vacancies. Questionnaires were issued and returned from staff, patients and carers, however, only 54 responses were received. Following further engagement and meetings with family members and carers, an electronic email version was produced and distributed with the deadline for responses extended to 1 March 2023. Once the review has been concluded, a report outlining the findings and next steps will be brought to QSEC.</p> <p>Mrs Hardisty sought assurance that steps are in place to capture and review fragile services that are currently reliant on one or two specialist staff to ensure the Health Board has contingency plans in place in the event of staff leaving, highlighting the pathway challenges caused with experienced staff leaving the Epilepsy in Learning Disabilities service. Mr Carruthers noted Mrs Hardisty's suggestion to undertake a heat map of fragile services and suggested this could be progressed and tested as part of the Improving Together Sessions and fed back to the Quality, Safety and Experience Committee.</p> <p>Ms Melanie Evans provided assurance that the community nurse has been in contact with all families and feedback captured with support from Professor Shankar. Mr Carruthers fed back that the breakdown of trust since the changes to the pathway have been raised by patients' families, with Professor Shankar, in response, there has been communication with families that the changes to the service will be positive in improving resilience and ensuring multi-disciplinary input.</p> <p>In response to Ms Lewis's enquiry regarding a timeline for completion, Mr Carruthers updated Members that Professor Shankar has revised the timeline for patient and family feedback to try to increase responses to the surveys and this may impact on the review date. Mr Carruthers undertook to check the timeline of the review with Professor Shankar.</p> <p><i>Ms Helen Williams left</i></p>	<p>ME/AC</p> <p>AC</p> <p>AC/ME</p>
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The Committee **RECEIVED ASSURANCE** of the actions taken to review the Epilepsy pathway in the Learning Disabilities Service.

QSEC (22)141	COMMUNITY PAEDIATRICS SERVICES REVIEW	
	<p>Ms Lisa Humphrey presented an update on behalf of the Community Paediatrics Service and shared key highlights within the report. Significant progress has been made since the previous update provided in June 2022, whereby lead clinical staff had requested an external review due to the pressures and challenges. The team are now fully engaged, with collective ownership of the action plan underway. The workforce within the Community Paediatric Team has increased since the launch of a Task and Finish Group and there have been several improvements in the Service including reducing waiting times, improved reporting and recording of data. Staff morale has also improved. These improvements have been achieved by the introduction of additional staffing with a varied skill-mix to include Specialty & Associated Specialist (SAS) grade doctors and Specialist Nurses. Engagement with the children and young people and their families and a review of processes have also been instrumental in these improvements.</p> <p>Members noted that 2000 families have been contacted by letter since November 2022 to ask whether they would like to remain on the waiting list and 405 responses were received, most wishing to remain on the list and some signposted to alternative pathways of support or Single Point of Contact to raise specific concerns.</p> <p>Mrs Hardisty requested an update on the links between the service and Primary Care and whether the pathways are embedded. In response Ms Humphreys noted that work to improve the processes will take place, such as quality of referrals and engagement with Primary Care. Ms Jill Paterson suggested that Ms Lisa Humphreys is invited to a Primary Care Locality Leads meeting to discuss this further.</p> <p>The Committee were pleased to note the positive cultural development in the team since the last report and the impressive engagement from clinicians to make improvements to the service. Ms Lewis suggested that these cultural developments are presented at the People Organisational Development Committee (PODCC) for shared learning. Ms Raynsford shared her view that the commonality is likely to be the passion to improve the outcomes for the children and young people. The Committee noted thanks to Ms Humphreys and the team for their hard work in reshaping the service and Mrs Rayani drew attention to Ms Humphreys' skill in building strong leadership roles that have been instrumental to the positive changes.</p>	<p>JP</p> <p>KL/LH</p>
	<p>The Committee RECEIVED ASSURANCE that the plans implemented are resulting in a reduction in waiting times for Children and Young People to see a community Paediatrician.</p>	

QSEC	THERAPIES WAITING LIST DEEP DIVE	
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(22)142	<p>Mr Lance Reed presented the Therapies Waiting List Deep Dive report together with an update on the actions underway in response to the increase in waiting times for Therapies Service since the COVID-19 Pandemic. Clinical teams have reported an increasing complexity in caseloads, especially in frail populations, and this has impacted on overall service capacity. Changes to acuity in these caseloads are multifactorial and include a development of more complex conditions due to limited health care provision during the COVID-19 pandemic and challenges accessing healthcare across specialities in both urgent and routine pathways.</p>	KL/ LR
	<p>With regard to the management of risk, Mr Reed assured the Committee that referrals are prioritised according to urgency with times adjusted according to patient risk and regular clinical assessment to screen referrals are undertaken. The patient is advised to contact the service should the condition worsen/deteriorate and regular waiting list audits to scrutinise at Directorate level are undertaken. Mr Reed updated the Committee that Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measured (PREMS) are undertaken across the service and the Dr Doctor digital communication tool is being rolled out as a routine service provision. Ms Ann Murphy enquired why Dietetics was not included as part of the update and Mr Reed explained that the Dietetics service report on a separate improvement trajectory as do the Audiology Service.</p>	
	<p>Ms Lewis, acknowledging that there is a lot of information contained within the report on actions and mitigations, asked for a timeline for anticipated improvement trajectory. In response, Mr Reed noted that a range of services within the Directorate have seen an improvement in their trajectory such as Physiotherapy, Occupational Therapy and Nutrition services and despite Podiatry not showing the level of improvement, the clinical accommodation alternatives and recent recruitment to the Podiatry service is anticipated to make a difference to service provision.</p>	
<p>Mrs Hardisty raised concern that the Operational Quality, Safety and Experience Sub Committee are not sighted on the risks contained within the report. Mr William Oliver assured Members that a Therapies Report has been scheduled for the next meeting on 7 March 2023.</p>		
<p>Highlighting that the report is unclear whether the speech and language therapies waiting times is referring to adults or children, noting the staffing challenges in the Health Visiting service, may be impacting when these referrals are required, Mrs Raynsford enquired whether more information is held on the hot spots for the delayed provision. In response, Mr Reed explained that the service is separate in terms of adults and children and the report is an overall position. Mr Reed explained further that a more detailed breakdown can be provided if required with an action plan on the referral to treatment target. Ms Lewis requested that an update is scheduled at a future QSEC meeting on the improvement trajectory.</p>		
<p>The Committee RECEIVED for information the content of the report and advised whether assurance has been provided.</p>		

(22)143	<p>Mr Keith Jones provided an update on the Cancer Services Support Service which is a contact line for anyone with a cancer concern, personally or for a friend or family member. Members were pleased to note that the service operated remotely during the COVID-19 pandemic whereby many neighbouring Health Boards closed their hubs.</p> <p>Members were pleased to note the development of the Power App which was developed to capture and share information and noted the benefits to analyse the types of requests received and what it is telling the organisation. It was noted that issues are often resolved through conversations with the team and capturing this information is useful, with work underway to develop PREMS via the Civica system, to analyse the Cancer Services Support Service.</p> <p>The Committee noted their thanks to Ms Gina Beard and the team for their hard work in this important service offering support to vulnerable people during a difficult time.</p>	
	The Committee RECEIVED ASSURANCE from the update.	

QSEC	PLANNING OBJECTIVE UPDATE REPORT	
(22)144	<p>The Committee received the Planning Objectives Update report and highlighted that the Planning Objectives for 2023/24 will be reprioritised in line with Ministerial Priorities following further discussions with Board on the Annual Plan 2023/24 and closure reports will be prepared accordingly.</p>	
	<p>The Committee RECEIVED ASSURANCE on the current position with regard to the progress of Planning Objectives aligned to the Quality, Safety and Experience Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.</p>	

QSEC	THE IMPLEMENTATION OF LIBERTY PROTECTION SAFEGUARDS PO 5W	
(22)145	<p>The Committee noted that the update on the Implementation of Liberty Protection Safeguards would be deferred due to the delay in the publication of the UK Government's response to the consultation on the new Mental Capacity Act code of practise with no date confirmed as yet. Ms Lewis requested a brief verbal update on the potential risks due to the delays in the publication. In response, Ms Paterson highlighted the possible risk in maintaining an external provider for the Deprivation of Liberty Safeguards system. The service continues to undertake risk assessments which are reported through the Mental Health Capacity Act Group and a tender process is underway for a Single Tender Action for a provider for external support. Welsh Government will be providing resources for training for the new arrangements however this continues to be delayed.</p> <p>Ms Lewis requested that an update at the next meeting on the anticipated requirements of assessment, the likely changes in statutory requirements and medical oversight and risks for the MCA assessments.</p>	

QSEC	OQSESC UPDATE REPORT	
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(22)146	<p>Mr William Oliver presented an update from the Operational Quality, Safety and Experience Sub Committee meeting that took place on 25 January 2023. Members noted the variation in reporting at the meeting which will be discussed at the next meeting. Further work is required by Directorate Leads on risk reporting and communicating where barriers are faced due to factors outside of the Directorate's control.</p> <p>An update was received from the Emergency Department Risk Oversight Group on the work streams and actions underway to mitigate the challenges being faced and the group will continue to keep OQSESC updated on developments.</p> <p>An update from Withybush Hospital Unscheduled Care Services was provided and the Sub-Committee were advised of the ongoing challenges with the use of surge beds and the direct impact this is having on staffing capacity. All sites are reporting medical and nursing workforce challenges.</p> <p>Mr Oliver fed back concern that challenges in the Minor Injury Unit continue in terms of patient presentation.</p> <p>Mrs Hardisty raised concern regarding the risks reported at the last meeting in respect of the commissioned Neurology and Tertiary Pathway and the closure of the service due to the retirement of a member of staff and the detrimental impact this may cause in terms of provision of service. Mrs Hardisty stated that sufficient notice is required to ensure the best interests of patients and raised concern that this could happen again in other commissioned services.</p> <p>The clinical accommodation challenges at Bronglais Hospital were raised at the meeting. The Hospital Manager will be escalating the risks via Datix and this will be discussed further at the Improving Together Sessions.</p> <p>Ms Lewis thanked Mr Oliver for the update and noted that consideration is being given to the escalation of risk reporting to the Quality, Safety and Experience Committee.</p>	
	<p>The Committee NOTED the content of the OQSESC Update Report.</p>	

(22)147	<p>QSEC LISTENING AND LEARNING SUB COMMITTEE</p>	
	<p>Mrs Louise O'Connor presented an update report from the recent Listening and Learning Sub Committee (LLSC) highlighting the palliative and end of life care theme of the meeting. Issues regarding communication and patients' understanding of information provided were highlighted at the meeting. It was noted that communication and training on empathy and breaking bad news were required and colleagues from Workforce and Organisational Development will be joining the LLSC meeting on 8 March 2023 for a communications focused session and to discuss engagement opportunities for training.</p>	
	<p>The Sub Committee RECEIVED ASSURANCE from the content of the LLSC Update Report.</p>	

QSEC	MEDICINES MANAGEMENT OPERATIONAL GROUP	
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(22)148	<p>The Committee received the Medicines Management Operational Group Update Report and the Pharmacy and Medicines Optimisation Draft Framework for comment.</p> <p>Ms Lewis raised concern regarding the risk that prescribers will not access up to date thrombosis guidelines as they are not currently available on an easy to access App which could lead to an impact/effect on patients having inappropriate treatment and asked if there is an alternative way to ensure prescribing guidelines are up to date. In response, Ms Jenny Pugh-Jones updated Members that in the last few weeks the team have utilised a Micro Guide which has been successful and further guidelines will be included.</p> <p>The Committee wished Ms Jenny Pugh-Jones along and happy retirement and passed on thanks for all of her hard work and valuable contribution to the quality, safety and patient experience agenda.</p> <p>The Committee NOTED the content of the Medicines Management Operational update report.</p>	
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<p>QSEC (22)149</p>	<p>EFFECTIVE CLINICAL PRACTICE ADVISORY PANEL</p> <p>The Committee received the Effective Clinical Practice Advisory Panel (ECPAP) Update Report and the Chair of the meeting, Dr Subhamay Ghosh, thanked Ms Lisa Davies and the team for preparing the report. Dr Ghosh summarised the key highlights from the meeting.</p> <p>All Sub-Group Terms of Reference have been reviewed and presented to the ECPAP, in line with the forward work programme, and have been approved.</p> <p>The Medical Examiner Service (MES) is due to become statutory from April 2023 and will include all primary care and community deaths. Bronglais Hospital and Withybush Hospital are fully operational with scanning notes to the MES; Prince Philip Hospital (PPH) notes are currently scanned at Glangwili Hospital (GH) and a small proportion of notes from GH are being scanned.</p> <p>Work has continued in relation to the Deputy Chief Medical Officer (DCMO) letter regarding the Comparative Health Knowledge System (CHKS) data and identified outliers for Health Board mortality. Discussions have progressed including a meeting with CHKS to review the non-elective surgical deaths data, which was one of the areas highlighted by the DCMO in his letter to the Health Board. Work continues with CHKS and they are currently reviewing their coding process.</p> <p>The Clinical Audit Department is continuing to use the Audit Management and Tracking (AMaT) system. Mandatory national audits will now be captured within this new system which is currently being rolled out on a case by case basis. The Women and Child Health Directorate, in particular the Maternity service, is working cohesively across clinical audit and clinical effectiveness to utilise AMaT to manage clinical audit and guidance</p> <p>The Effective Clinical Practice Strategic Plan has been approved by ECPAP, which sets out the Health Board's overarching vision for clinical effectiveness and contributes to the delivery of Planning Objective 5K. An Effective Clinical Practice Delivery Plan is being finalised, which articulates the mechanism for delivery via a set of deliverable annual targets which will be developed/ reviewed annually, and monitored by ECPAP. The documents acknowledge</p>	
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	where clinical effectiveness sits within the Quality Management System, working alongside clinical audit, quality improvement and quality assurance.	
	The Committee RECEIVED ASSURANCE from the update provided from the Effective Clinical Practice Advisory Panel.	

QSEC (22)151	EXTENSION REQUEST TO REVIEW DATES OF LEGAL AND PATIENT SUPPORT WRITTEN CONTROL DOCUMENTATION	
	The Committee APPROVED the request to extend the review dates of the legal and patient support written control documentation. Mrs O'Connor explained that the Health Board is awaiting published guidance on the Duty of Candour. Clarifying a contradiction on the SBAR, Mrs O'Connor explained that the first set of polices will be reviewed in three months and the second set will be reviewed in six months.	

QSEC (22)152	FOR INFORMATION	
	QSEC WORKPLAN 2022/23.	

QSEC (22)153	DATE OF NEXT MEETING	
	9:30am, 11 April 2023	