# CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

## MINUTES OF THE PATIENT QUALITY, SAFETY AND OUTCOMES COMMITTEE MEETING

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| **DATE OF MEETING** | Wednesday 26th July 2023 |
| **VENUE** | Microsoft Teams |

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| **PRESENT** | Pippa Britton, Independent Member, Committee Chair<br>Louise Wright- Independent Member, Vice Chair<br>Paul Deneen- Independent Member<br>Helen Sweetland- Independent Member |
| **IN ATTENDANCE** | Jennifer Winslade, Director of Nursing<br>Peter Carr, Director of Therapies & Health Science<br>James Calvert, Medical Director<br>Tracey Partridge-Wilson, Assistant Director of Nursing<br>Leeanne Lewis, Assistant Director of Quality & Patient Safety<br>Moira Bevan- Head of Infection and Prevention<br>Chris O'Connor - Divisional Director for Mental Health and Learning Disabilities<br>Paul Underwood, General Manager - Urgent Care Division<br>Krisztina Kozlovszky - Internal Audit Manager<br>Rebecca Atkinson, Committee Secretariat |
| **APOLOGIES** | Nicola Prygodzicz- Chief Executive<br>Stephen Chaney- Deputy Head of Internal Audit<br>Leanne Watkins – Chief Operating Officer<br>Rani Dash- Director of Corporate Governance<br>Karen Hatch- Assistant Director of Therapies and Health Science |

| PQSOC 2607/1 | Preliminary Matters |
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| PQSOC 2607/1.1 | **Welcome and Introductions**<br><br>The Chair welcomed everyone to the meeting. |
| PQSOC 2607/1.2 | **Apologies for Absence**<br><br>Apologies for absence were noted. |
| PQSOC 2607/1.3 | **Declarations of Interest**<br><br>There were no declarations of interest. |

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| **PQSOC 2607/1.4** | **Minutes of the previous meeting**<br><br>The minutes of the meeting held on the 20th June 2023 were agreed as a true and accurate record. |
| **PQSOC 2607/1.5** | **Committee Action Log- July 2023**<br><br>The Committee received the action log. Members were content with progress made in relation to completed actions and against any outstanding actions.<br><br>**PQSOC/2504/3.3.2 - Pharmacy and Medicines Management:** The Committee was updated on the report relating to the Pharmacy Robot. James Calvert reported that this update would be presented at a future meeting and the action log updated.<br><br>**Action: Medical Director / Committee Secretariat**<br><br>**PQSOC/2006/3.1 - Patient Quality and Safety Outcomes Performance Report, June 2023:** Peter Carr (PC), Director of Therapies and Health Sciences, provided an update on this action. The falls data was proving difficult to collect and confidence was needed in the quality of data before it was presented to a future meeting.<br><br>**PQSOC/2006/3.3 - MMBRACE UK Perinatal Mortality Data:** Jennifer Winslade (JW), Director of Nursing, reported that this update was now complete and would be brought to the October meeting together with the draft HIW report, and Safety Collaborative Maternity Neonatal report. It was agreed to have a focus on maternity services at the Committee's meeting in October.<br><br>**Action: Director of Nursing / Committee Secretariat** |
| **PQSOC 2607/2** | **Items for Approval/Ratification** |
| **PQSOC 2607/2.1** | **No agenda Items for this section** |
| **PQSOC 2607/3** | **Items for Discussion** |
| **PQSOC 2607/3.1** | **Patient Quality and Safety Outcomes Performance Report, July 2023**<br>Clinical Executives presented the Patient Quality & Safety Outcomes Performance Report for July 2023 to the Committee. The report provided an update on the work being undertaken relating to:<br>• Patient and Staff experience and stories<br>• Incident reporting- falls, pressure ulcers, medicines management and mortality<br>• Complaints, concerns and compliments<br>• Health, safety and security |

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| | • Infection Control and Prevention<br>• Safeguarding<br>• Data Highlighting the specific number of falls of patients who are medically fit for discharge<br>• Additional Risks and Issues<br>• Overview of the HIW Inspection of Ty Lafant including the Health Board's response.<br><br>Jennifer Winslade (JW) Director of Nursing outlined the Performance report for July 2023 the following areas of the presentation were noted.<br><br>JW outlined the purpose, benefits, accreditation framework, how to gain accreditation and the project plan for the Ward Accreditation Pilot at Ysbyty Aneurin Bevan. This accreditation will be run in conjunction with other monitoring and assessments as set out in the Health and Social Care (Quality & Engagement) Wales Act 2020. AMaT (Audit Management and Tacking Programme) will be used to manage the process. JW reported that the quality measures were Pressure Ulcer Incidents, falls with harm, Nutrition and Hydration management, Infection Control, Medicine Management, Deteriorating patients and Safeguarding. JW further reported that these are the only metrics needed for the accreditation but not for reporting against the Quality Outcomes Framework, which included other metrics. JW explained the Award Recognition Matrix with an 85% compliance rate for Bronze, Silver, Gold and Platinum (Full accreditation).<br><br>Pippa Britton (PB), Chair, thanked the team for work on this project.<br><br>Helen Sweetland (HS), Independent Member, asked how the data for this project would be captured. JW reported that the data would be collected centrally with ward managers playing a part.<br><br>Paul Deneen (PD), Independent Member, asked if there was any input with Llais and anything visual for patients to see and any barrier that the IM's can help with. JW reported that there had been no barriers reported and all nursing staff were positively engaged. Patients would be able to see the data and improvement plan as they enter the ward, and the data would be published for the public to see. JW will be liaising with Llais at a meeting next week. |

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| | Tracey Partridge-Wilson (TPW), Assistant Director of Nursing outlined the National Reportable Incidents following changes to the NRI Policy in May 2023. Process are currently being streamlined to bring them into line with the new reporting criteria.<br><br>TPW reported that the data presented for Serious Incidents was incorrect due to data validation and needed the be altered. In May there were 4 red serious incidents which all Executive-led. These cases focussed on areas of nutrition and hydration, treatment, misreporting and access to admission to follow-up and assessment investigations. Since June, and following a meeting with the NHS Executive, ABUHB has reported more as the criteria had changed and the health board was reporting every serious incident with severe harm.<br><br>TPW reported that there were no new never events for the reporting period. There had been good engagement cross divisionally to reduce the number of these events which is very positive.<br><br>PB questioned the 'wrong site injection' event. JC assured the Committee that a training programme has been developed to standardise the site injection programme and procedures.<br><br>JW reported that there had been a never event in July regarding a retained swab.<br><br>Helen Sweetland (HS), Independent Member, asked whether the Serious Incidents that were not reported before the changes to criteria were investigated and recorded. TPW assured the committee that they were all recorded and investigated via divisional reviews.<br><br>PD asked for assurance on supervised practice. JC assured the Committee that there is open reporting from theatres regarding incidents and they are highly engaged. Work is ongoing to deliver human factors training, which JC had attended and reported that it was impactful for the staff. Any concerns about any individuals are highlighted and dealt with quickly using supervised practice. Feedback is given from the supervisor and any necessary further action taken. |

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| | The Committee noted that all incidents are being taken seriously, the right actions are being taken and the staff are engaged, and quality and safety are at the heart of the actions.<br><br>JW reported on the Duty of Candour. Divisions had been engaged and some validation around data was still needed. Welsh Government had given ABUHB some time to embed this Duty given the significance culturally.<br><br>JW reported that recruitment to the PALs service were being finalised. These would oversee early resolution and intervention with concerns before they become complaints. Targets had been set to 70% as early resolutions and teams were engaged to ensure this happens. Huge progress had been made to reduce the backlog of concerns more than 12 months old and work was now underway to reduce concerns between 9 – 12 months old.<br><br>JW reported that Hospital Acquired Pressure Ulcers (HAPU) would be a focus for the Quality Outcomes Framework. The data presented was provided with the caveat that validation with staff was required and extra work was needed. JW outlined three areas for development namely improvements with data collection, pressure ulcer care bundles and recording incidents as avoidable and unavoidable.<br><br>Leeanne Lewis (LL), Assistant Director of Quality & Patient Safety, provided an overview of the Medication Safety Strategy Progress Goal 1. This was a report for information on critically times medicines. A report was received from the NHS Executive asking the Health Board to look at medicines for Parkinsons Disease. LL outlined the work that had been undertaken to date. Pharmacy had looked at how critical times medicines could be accessed in a timely manner and at night. Critically timed medicines have been identified and nurses undertaken training on new systems. LL presented a perfect patient journey flow chart showing the availability of medicines and their locations.<br><br>PD asked what we provide to patients for them to identify their critically timed medicine needs. LL reported that there has been a campaign around identifying conditions needing critically timed medicine and patients with these conditions were identified using stickers and posters to place above their beds, so staff were able to easily identify their medicine needs. Patients are encouraged to self-administer |

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| | their medication as they are aware of the times that they take their medication. Currently there are no electronic ways of identifying a patient's needs.<br><br>PD further asked if any patient groups had been consulted to provide a patient view. LL reported that they will be engaging with the Patient Centred Group to identify patients' needs but timescales with the reply to the NHS Executive did not allow for that consultation to take place at this time.<br><br>Peter Carr (PC), Director of Therapies & Health Science, provided an update on Health and Safety Executive (HSE) Engagement. PC reported that the recommendations arising from the inspection of pathology at the Royal Gwent Hospital had been actioned and the investigation was now closed as sufficient assurance had been provided to the HSE. PC reported that the HSE had visited Nevill Hall Hospital in June 2023 to review a patient fall at the hospital in 2019 (Pre-pandemic). The HSE engaged with staff and the visit was positive with recognition of the significant improvements in documentation, processes and governance. The HSE was satisfied that it was able to collect sufficient information to inform the investigation. PC will update the Committee on the outcome at the next PQSOC Meeting.<br>**Action: Director of Therapies & Health Science**<br><br>PD queried why the visit was being undertaken 4 years after the incident. PC advised that the pandemic might have had an effect, but the timetable was set by the HSE as it is their investigation. PC further assured the Committee that when the incident happened in 2019 a full Red 1 serious incident internal investigation was undertaken, and our report was shared with the coroner.<br><br>PC outlined the data regarding Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Reporting is variable and one of our challenges as a Health Board is to report in a timely manner. Work is ongoing to improve this and currently we have improved by 9% from the previous report. PC reported that the Corporate Health and Safety teams are closely monitoring this reporting.<br><br>PC provided an update on Health and Safety Mandatory Training. At the end of May 2023 training compliance was |

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| | reported as 84% for Health and Safety Training, 82% for Violence and Aggression, 79% for Fire Safety and 52% for Manual Handling. Manual Handling training currently has a practical element which can be a barrier to compliance, the Health and Safety team was therefore looking for innovative ways to improve the training i.e. Ido training. PC reported that there was a wider issue regarding compliance with all statutory and mandatory training throughout the Health Board. He noted that Sarah Simmonds, Director of Workforce and OD, has established a core learning committee to oversee all Statutory and mandatory training. The purpose was to provide governance for all Statutory and mandatory training across the organisation, oversee compliance, and help determine any new training requirements and help shape the organisations training requirements.<br><br>PB asked if the highlight reports from the Core Learning Committee will be presented at the People and Culture Committee. PC advised that was his understanding that this will happen, and the Executive Committee will be monitoring progress. PC would include an update on this in the Health and Safety element of the PQSOC Performance reports.<br><br>PC reported that a Traffic Management working group had been established to review and assess the risks at hospital sites. This follows concerns raised at the Royal Gwent Hospital and the fatal incident at Withybush Hospital.<br><br>PC reported that a Corporate Health and Safety Annual Report had been produced. It is hoped to bring this report to the PQSOC Meeting in October to provide robust data on Health and Safety.<br>**Action: Director of Therapies & Health Science**<br><br>JW reported that herself, Leanne Watkins, Chief Operating Officer, and Nicola Prygodzicz, Chief Executive, had briefed the Board last week around some of the concerns arising from a number of serious incidents in Mental Health and Learning Disability services. At the Board meeting it was agreed that the Patient Quality and Service Outcomes Committee will provide oversight and assurance to Board on the improvement actions.<br><br>JW reported that Health Inspectorate Wales (HIW), Welsh Government and the NHS Wales Directorate had all been made aware of the issues. Work has been undertaken with |

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| | the division to provide support and constructive challenge around how the assurance and governance within the division could be strengthened and improved. Welsh Government would be meeting with JW and Leanne Watkins on a regular basis to provide support from an external basis and a number of 'make safe' actions had been implemented and would be outlined on the improvement plan to be received at the next PQSOC meeting. Chris O'Connor (CC), Divisional Director for Mental Health and Learning Disabilities, advised the Committee that this was an opportunity to improve the quality of care of individuals accessing services and to strengthen and review processes around escalation and assurance and to improve staff experience and wellbeing in the workplace. Strong engagement was needed to implement the improvement plan and work was ongoing to ensure that this is ideas led by the staff within the Division.<br><br>Helen Sweetland (HS), Independent Member, asked for assurance that these situations are not happening elsewhere, how these situations are escalated quickly and whether it was a result of the HIW inspection. JW assured the Committee that the HIW inspection was the first to identify concerns but there had been other incidents that have followed raising further concern. JW confirmed that these issues within the Mental Health & Learning Disabilities Division were unique and due to several reasons, including the pandemic, which a created a different environment.<br><br>CC noted that the pandemic had a profound effect on Mental Health and a focussed approach was needed to help the most vulnerable patients. This had resulted in work around quality improvement and quality assurance being put on hold, but this was now an opportunity to go back and review those processes.<br><br>JW reported that a Quality, Safety and Governance Escalation Process for the Mental Health and Learning Disabilities Division had been established with clear Terms of Reference. This formal process would report to the Executive Committee through to PQSOC and Board.<br><br>PD queried if patient and families views were being considered on the quality of the services. JW provided assurance to the Committee that the Mental Health and Learning Disabilities division was first on the roll-out plan |

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| | for Civica (patient experience gathering) and Llais had been consulted.<br><br>JW provided an overview of the HIW Inspection of Ty Lafant, Llanfrechfa Grange from 31st January 2023 and 1st February 2023. From this inspection there was 1 outstanding action (out of date), 8 recommendations identified by HIW, 28 actions identified by the Division and no outstanding actions (in date). The action plan had been developed and was being embedded within the Division.<br><br>PD asked why the additional concerns raised by HIW were not in the report received in March. JW reported that HIW was an Inspectorate and do not highlight incidents relating to individuals in a public report. HIW met with JW and CC directly after the inspection in February to discuss these additional concerns which is why broader actions were put in place to meet those. CC further clarified that the data on the overarching improvement plan and draft inspection report issued by Health Inspectorate Wales on 23rd March 2023 slide of the presentation was because of the meeting with HIW in March and encompasses all the actions identified by HIW and the Division. All these actions are being monitored on a weekly basis within the Division. CC reported that there had been a number of leadership changes within the Wards, an increase in the presence of the Senior Nurse within the ward and a strengthening of the multidisciplinary leadership.<br><br>JW assured the Committee that the new style report and Improvement plan, which would consolidate all actions including the HIW, will be brought to the October PQSOC.<br>**Action: Director of Nursing**<br><br>Moira Bevan (MB), Head of Infection and Prevention, reported that since the last meeting comparative data with other Health Board's in Wales had been received showing performance for infection. An area of concern highlighted was C.difficile. A deep dive into all cases had been undertaken from 1st April to 30th June 2023 to identify thematic areas. It was noted that there had been a period of increased incidents and 2 cases confirmed by genotyping meaning that cross infection has occurred in the hospital. The Infection Control team was working with staff at grass roots to implement improvements at the patient level. A paper had also been presented to the reducing nosocomial transmission group with |

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| | recommendations and a 30-minute slot has been secured at Doctor induction to talk about key measures. Work was progressing with a view to reducing infections.<br><br>JW outlined the emerging Escalated Risk Concerns. There had been an increase in serious incidents over the last quarter mainly due to work undertaken on the Policy and a different culture emerging around transparency and reporting. There was a capacity concern with 60 live incidents, but the team was working hard with support from other departments. There was a continuation of a theme of deteriorating patients and surgical never events and an event was being planned for the autumn to bring teams together to discuss further. Work had been undertaken on end of life and bereavement pathways and there were concerns with the depth of the contemporary nature of patient information. The End-of-Life Board would be re-convened, and a report brought back to a future Committee meeting.<br>**Action: Director of Nursing**<br><br>TPW outlined the Health Inspectorate Wales Inspections update regarding inspections undertaken since January 2023 and the improvement plans with outstanding actions.<br><br>Since January the Health Board had 4 inspections, Ty Lafant on 31st January – 1st February 2023, Ionising Radiation Regulation at Nevill Hall Hospital on 25th – 26th April 2023, D2 East and D2West at the Royal Gwent Hospital on 3rd to 4th May 2023 and Maternity at The Grange University Hospital on 6th – 8th June 2023.<br><br>The inspections at The Royal Gwent and The Grange University Hospital had gone extremely well with positive feedback. Learning and the experience of the inspection had been shared.<br><br>PC reported that the Ionising Radiation (Medical Exposure) Regulations are heavily regulated and there are many standards that the Health Board is rated against. This visit to Nevill Hall Hospital was part of the rolling inspection programme. The radiology team facilitated the inspection, and a good compliance report with full assurance had been received. The only issues raised were minor and related to paperwork. |

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| | TPW outlined the existing improvement plans with outstanding actions for assurance that the actions are being actively monitored.<br><br>JW welcomed Paul Underwood (PU), General Manager - Urgent Care Division, to the meeting to present an update on Urgent and Emergency Care.<br><br>PU reported that system flow escalation had been introduced and had made a significant difference and improvement to the amount of transit time for patients through the department. This would continue to be monitored by Executives and work will continue.<br><br>PU advised the Committee that patients were waiting longer than preferred but inroads were being made. Certain specialities had seen a high spike in demand which had been challenging but improvements were being made but there was still work to do.<br><br>PU reported that a red release bay had been developed allowing an ambulance to be released back into the community more frequently affecting our ability to support patient handovers and expedite the patient journey. There is fluctuation with times of day, but the new system is making a difference and improved performance will be seen in time.<br><br>PU outlined the action plan and what steps were being taken to improve the department and experience of patients.<br><br>PC and JC thanked PU and the wider team for the work and leadership being undertaken. PC shared the observation that a cultural shift has been visible and a improvements made.<br><br>JC asked if there would be a full complement of staff 24 hours a day with emphasis on senior medical staff. PU advised the committee rosters had been improved and reduced and work was ongoing to improve the midnight to 8am staffing.<br><br>LW asked how the Division was dealing with members of the public attending the right place for Stroke and COTE. PU reported that work was ongoing into stroke pathways and the patient flow centre was looking at how we can |

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| | better support our patients based on acuity, so they are seen in the right place. Communications with the public was improving and engagement being undertaken. For COTE patients, there was a significant piece of work ongoing as part of the 6 goals work to bring together the flow centre, with single point of access and streamlining our patients to the right place first time.<br><br>PC assured the Committee that the Stroke Pathway and the Neck of femur pathway had been identified as two pathways to review as a priority.<br><br>JW reported that a piece of work was being undertaken with WAST as to how we direct patients to where they need to be prior to them attending the Grange University Hospital. |
| **PQSOC 2607/3.2** | **Next Steps for the Quality Strategy**<br><br>Jennifer Winslade (JW), Director of Nursing welcomed Trish Chalk (TC), Assistant Director of ABCi & Interim Deputy Director of Planning, to the meeting.<br><br>TC outlined the Health Board priority outcomes which had been aligned to the 6 pillars of the Quality Framework. This set out the detail on how the outcomes would be delivered, measures and continuously improved. TC further outlined the progress and implementation plan for Q1. Proposed outcomes and indicators would be benchmarked against other organisation and existing measures aligned with Duty of Quality and Health Board priorities.<br><br>TC outlined each of the following priorities their outcome description, indicator and ability to report: -<br><br>Priority 1 – Deliver PATIENT CENTRED care which involves patients, relatives, families, careers and system partners in the planning of care and opportunities to improve patient safety.<br><br>Priority 2 - Provide SAFE care. We aim to reduce harm, prevent errors, and deliver consistently safe care through increased visibility and insight from multiple sources of patient safety information.<br><br>Priority 3 – provide TIMELY care, ensuring people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place first time. |

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| | Priority 4 – Provide EFFECTIVE care – Deliver consistently effective and reliable care, based on evidence-based best practice which is delivered in a culture that encourages and enables innovation to Improve outcome<br><br>Priority 5 – provide care that is EFFICIENT by taking a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste.<br><br>Priority 6 – Provide EQUITABLE care, ensuring equal opportunities for individuals to attain their full potential for a healthy like which does not vary in quality and is non-discriminatory.<br><br>PB thanked TC and her team for putting together this comprehensive report with areas of focus for improvement. The report was clear, allowed people to work through what they need to and provides a clear understanding of how the framework and plan will work with realistic timeframes.<br><br>HS asked, given the number of people involved in this report, whether the right people are involved in the project and whether there will be staffing challenges to these priorities being delivered. TC reported that there are currently 3 teams working on this, planning, information team and operations team and TC will be overseeing this going forward.<br><br>TPW advised the committee that there is a piece of work ongoing for the validation of data for the Datix system and to be mindful of the data currently available.<br><br>PD asked about the barriers to this Framework for example ICT and capacity issues. TC reported that Datix could be a barrier but engagement with staff and presenting more valuable data often resulted in staff using the system more.<br><br>TC outlined the goals of the Quality Strategy Implementation Plan which is aligned with the regional strategy. The plan will enable staff to improve quality, implement the Duty of Candour of Quality and meet the requirements of the Duty of Candour. TC advised the committee on the key objectives for the next year as set out in the Implementation Plan and a detailed delivery plan for each priority. |

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| | JW outlined the Quality Assurance Framework and how it fits with the overall Board Governance Framework. This framework simplified responsibilities and accountabilities and how we will move to a different model. |
| **PQSOC 2607/3.3** | **Infection Prevention and Control Annual Report**<br><br>Jennifer Winslade (JW), Director of Nursing welcomed, Moira Bevan (MB), Head of Infection Prevention and Control to the meeting.<br><br>MB reported that it had been a challenging year for the Infection Prevention Team, however it was important and reassuring to note that Aneurin Bevan University Health Board had a lower average rate of all infections than the rest of Wales.<br><br>MB advised the Committee that the team worked on priorities from last year, the majority of which had been completed. The team was reconfigured in January, due to extra funding, to include infection prevention in the wider community. The sustainability of this workforce has become challenging as staff were seeking substantive posts. To overcome this teams now worked locality based in all areas. A survey was undertaken to ascertain views from staff and a mission statement was produced from this.<br><br>MB outlined the following areas from the report.<br><br>• Gram positives and gram negatives show that respiratory infections are having an impact, but urine remains the highest burden of infections for gram negatives. MB reported that the team are finalists for the Houdini Programme for the NHS Awards in Wales.<br>• Covid and flu data shows lower hospital onset that other Health Boards.<br>• The team has supported serious incidents, a sporadic case of CJD, the M-pox agenda, patient pathways and assessment of patients, increase in wound infections in trauma and orthopaedics, a shigella outbreak in the community and Group A Strep infection.<br>• The annual programme of work for 2023-24 sets out twelve priority areas for the year. |

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| | PB asked how the intranet and internet pages currently being developed are being used to communicate with staff. MB reported that the intranet pages have been updated and the role of the 'link' champion was being reinstated to provide a communication channel in primary and secondary care. MB reported that there had been a 'tick tock' campaign regarding hand hygiene to bring a fresh approach to message delivery.<br><br>HS asked what progress had been made regarding the legionella outbreak within Maternity Services. MB assured the Committee that work was underway to address this issue and there was a proactive water safety group which carried out regular testing. MB further reported that this was a national issue affecting newly built hospitals with single rooms. |
| **PQSOC 2607/4** | **Items for Information** |
| **PQSOC 2607/4.1** | **Highlight Reports**<br><br>The Committee received the following Highlight Reports for Information: -<br><br>• Safeguarding Group Highlight Report<br>• Clinical Effectiveness and Standards Committee Report<br><br>PD asked about a request from Gwent Police in the Safeguarding Group Highlight report about representation at a multi-agency Task Co-ordination Group in relation to domestic violence and how we can support. TPW advised that data was currently being provided to Gwent Police regarding this which they were happy about. TPW will continue to scope this data, but the situation was being monitored. |
| **PQSOC 2607/4.2** | **Groundhog Day 2: an opportunity for cultural change in complaint handling?**<br><br>Tracey Partridge-Wilson (TPW), Assistant Director of Nursing assured the committee that the recommendations would be picked up through the implementation of the review of the QPS and PTR Policies.<br><br>PB asked for a brief report to the committee that the recommendations have been actioned. JW to add to the annual report.<br><br>**Action: Director of Nursing** |

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| **PQSOC 2607/4.3** | **Time Critical Medication in Parkinson's Disease**<br><br>Discussion regarding this report had happened earlier in the meeting in the PQSOC performance report. |
| **PQSOC 2607/4.4** | **Early detection of type 1 diabetes in children and young people**<br><br>There were no questions regarding this report. |
| **PQSOC 2607/4.5** | **WHSCC Quality Patient Safety Committee Chair's Report and Appendix 1 - Summary of Services in Escalation**<br><br>There were no questions regarding this report. PB reported that she was a member of this Committee. |
| **PQSOC 2607/5** | **Other Matters** |
| **PQSOC 2607/5.1** | **Items to be Brought to the Attention of the Board and other Committees**<br><br>There were no matters arising. |
| **PQSOC 2607/5.2** | **Any Other Urgent Business**<br><br>Paul Deneen (PD) Independent Member asked why the HIW inspection was not a joint inspection with Care Inspectorate Wales. Jennifer Winslade (JW) Director of Nursing to report back to the meeting in October.<br>**Action: Director of Nursing** |
| **PQSOC 2607/5.1** | **Date of the Next Meeting**<br><br>The next meeting will take place on Wednesday 11th October 2023. |