

## ANEURIN BEVAN UNIVERSITY HEALTH BOARD

### Minutes of the Patient Quality, Safety and Outcomes Committee held on Tuesday 16<sup>th</sup> August 2022 at 9.30 am via Teams

#### Present:

Pippa Britton	Independent Member (Chair)
Paul Deneen	Independent Member
Helen Sweetland	Independent Member

#### In attendance:

Jennifer Winslade	Director of Nursing
Glyn Jones	Interim Chief Executive Officer
James Calvert	Medical Director
Peter Carr	Director of Therapies and Health Science
Chris O'Connor	Director of Primary Care, Community & Mental Health
John Carroll	Deputy Divisional Nurse
Lara Homan	Lead Nurse, Learning Disabilities
Leanne Watkins	Director of Operations
Moirá Bevan	Head of Infection Prevention and Control Nurse
Fiona Bullock	Deputy Head of Safeguarding
Danielle O'Leary	Head of Corporate Services, Risk and Assurance
Rhian Guard	Principle Auditor, NWSSP
Stephen Chaney	Deputy Head of Internal Audit, NWSSP
Delyth Brushett	Audit Wales
Linda Alexander	Deputy Director of Nursing
Lucy Bennett	Corporate Service Manager (secretariat)

#### Apologies:

Rani Mallison	Director of Corporate Governance
Louise Wright	Independent Member
Shelley Bosson	Independent Member

	Preliminary Matters
<b>PQSOC 1608/01</b>	<b>Welcome and Introductions</b> The Chair welcomed everyone to the meeting.
<b>PQSOC 1608/02</b>	<b>Apologies for Absence</b> Apologies for absence were noted.
<b>PQSOC 1608/03</b>	<b>Declarations of Interest</b> There were no Declarations of Interest to record.
	<b>Committee Governance</b>
<b>PQSOC</b>	<b>Draft Minutes of the Meeting Held on the 7<sup>th</sup> June 2022</b>

<b>1608/04</b>	The minutes of the Patient Quality, Safety and Outcomes Committee meeting held on the 7 <sup>th</sup> of June 2022 were noted as a true and accurate record.
<b>PQSOC 1608/05</b>	<p><b>Committee Action Log</b></p> <p>The Committee discussed the actions and members were assured that all actions had clear timelines. Members thanked the teams involved for the completion of previous actions.</p>
<b>Items for Discussion</b>	
<b>PQSOC 1608/06</b>	<p><b>Urgent and Emergency Care</b></p> <p>Leanne Watkins, Director of Operations, provided the Committee with an overview of the Health Board's plan and progress in response to the Welsh Government 'Six Goals for Urgent and Emergency Care' and how these plans have now been aligned within the Health Board's 'Six Goals' Programme Plan.</p> <p>Two areas of focus within the Six goals framework were noted as:</p> <ul style="list-style-type: none"> <li>• Urgent Primary Care Centres and</li> <li>• Same Day Emergency Care (SDEC).</li> </ul> <p>Members were advised that the SDEC opened on the 8th of August 2022 and early performance data would be shared with members, in due course.</p> <p><b>Action: Director of Operations</b></p> <p>Members noted the continual focus on safety in urgent and emergency care, and that critical safety concerns were highlighted in weekly Senior Leadership Response meetings, in addition to 'Safety Huddles' being undertaken on each site.</p> <p>The Health Board welcomed the installation of the patient experience software, CIVICA, across all sites. This improved methodology of capturing and utilising systematic data would be utilised to further enhance patient experience and provide a mechanism for patients to feedback their experiences directly to the Health Board.</p> <p>The 'Lessons Learnt' Grange University Hospital (GUH) review data was discussed, and the Committee noted improvements in patient care and mortality rates as a result of system changes.</p> <p>Current workforce supply issues throughout the Health Board were noted. An example of this was provided and the Committee noted that the overflow waiting area in GUH Emergency Unit was not able to be staffed sufficiently which meant that patient safety had been prioritised over patient experience.</p> <p>Paul Deneen, Independent Member, requested feedback from the opening of the SDEC. Members were informed that within the first week of the SDEC, 66 patients were seen, of which 10% required admission. These numbers aligned with predicted data. Early data indicated patient waiting times had significantly improved and initial patient experience feedback was positive. A full report on SDEC to come back to the Committee. <b>Action: Director of Operations/Secretariat</b></p>

	<p>It was further agreed that weekly data on SDEC would be shared with members outside of the meeting. <b>Action: Director of Operations</b></p> <p>Paul Deneen, Independent Member, requested information on the numbers of patients coming through SDEC from out of the Gwent area. Members were informed that out-of-area patients were tracked through Health Board internal control mechanisms.</p> <p>The Committee was advised that current data showed an increase in patients presenting to Ysbyty Ystrad Fawr (YYF). A bespoke piece of work was underway to determine the reason for such high numbers presenting to YYF, with a focus on patient experience.</p> <p>Helen Sweetland, Independent Member, requested further information on the Flow Centre. Members were informed that the Flow Centre was based in Vantage House, Cwmbran, alongside the GP out of hours service and Welsh Ambulance Service Trust WAST. The Flow Centre had a mix of staff including call handlers, nurses, doctors. The proximity to WAST and GP out of hours enabled appropriate diverts to provide the best patient care and was an important element of the Health Board's Urgent and Emergency Care strategy. A 'test of change' for the Flow Centre would be taking place in October 2022, using learning to determine future best practice.</p> <p>Members were invited to visit both the new SDEC facility and the Flow Centre.</p> <p>The Committee <b>NOTED</b> the contents of the report and the action to improve patient experience and outcomes across the urgent and emergency care system.</p>
<p><b>PQSOC 1608/07</b></p>	<p><b>Patient Quality and Safety Outcomes Report, July 2022</b></p> <p>Peter Carr, Director of Therapies and Health Sciences, provided an overview of the Outcomes report. The report was produced using the themes of the Health Care Standards (HCS) and any high-risk areas. The Committee was informed that three areas of concern continued to be reported as 'red'. These were noted as:</p> <ul style="list-style-type: none"> <li>• Stroke Services,</li> <li>• Urgent Care and WAST</li> <li>• Cancer Services.</li> </ul> <p>Members were informed that Stroke services were monitored against nationally agreed key performance indicators (KPIs) and UK Stroke Audit benchmarking data. The Health Board aimed to use qualitative data through patient experience, alongside quantitative data to continually improve Stroke services. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• Data indicated improvements from the time of arrival to a patient receiving a CT scan within one hour.</li> <li>• One Health Board target was for patients to be transferred to the Hyper Acute Stroke Unit (HASU) within four hours of arrival. Members were informed that current Urgent Care pressures influenced the delivery of the Stroke pathway therefore, this was an area of focus for improvement.</li> </ul>

	<ul style="list-style-type: none"> <li>• The data for patients seen by a stroke consultant within 24 hours of arrival was highlighted as 100% for May 2022 and 94.5% for June 2022.</li> <li>• Current workforce issues within the Health Board's Stroke Specialist Therapy departments were discussed. Pro-active work was being undertaken to mitigate the staffing challenges caused by sickness and other leave.</li> <li>• The Health Board was working alongside the Stroke Association and the Community Health Council to raise awareness of the first signs of stroke to the public. Getting to the hospital in the critical timeframe of 4 hours enabled Thrombolysis and/or Thrombectomy treatments to be administered.</li> </ul> <p>As part of the learning and improvement work for stroke services, the Health Board had invited an external organisation, 'Getting It Right First Time' (GIRFT) to review services. Alongside this, Health Inspectorate Wales (HIW) were undertaking an all-Wales review of stroke services. The GIRFT draft report had been received with recommendations outlined. The Health Board would develop a management response and associated action plan in response to GIRFT recommendations, aligning to recommendations received from HIW. The action plan would be monitored and reviewed by the Stroke Delivery Group. Engagement with external partners such as the Stroke Association and the Community Health Council would further strengthen Stroke services for the population. It was agreed that a detailed report on the management response and action plan to come back to the Committee with a date to be confirmed with the Secretariat. <b>Action: Director of Therapies &amp; Health Sciences/Secretariat</b></p> <p>Paul Deneen, Independent Member, highlighted the work required around Stroke rehabilitation. Members were informed that current workforce issues throughout the pathway impacted rehabilitation services. The Health Board worked with 3<sup>rd</sup> sector partners such as the Stroke Association to provide continued rehabilitation, care, and support for all patients through the 'Life After Stroke' service.</p> <p>Helen Sweetland, Independent Member, requested the numbers of Stroke patients arriving at GUH per day. The Committee was advised that approximately 2 Stroke patients arrive at GUH per day, with varied treatment requirements based on individual care needs.</p> <p>Paul Deneen noted the data in relation to patients attending the Minor Injuries Units from other Health Board areas and requested information on how this was funded. Glyn Jones, Interim Chief Executive, informed members that current contractual arrangements stated that patients attending Minor Injuries would receive treatment funded by ABUHB, however, patients who are admitted to hospital from other Health Board arrears would be funded by the relevant, respective Health Board.</p> <p>The Committee <b>NOTED</b> the report.</p>
<b>PQSOC 1608/08</b>	<b>Clinical Audit Strategy 2022-2025</b>

James Calvert, Medical Director, presented the report providing oversight of the Health Board's Clinical Audit Strategy 2022-2025.

The Health Board aspired to develop a quality management system, aligning to Welsh Government requirements, to support the provision of improved care to the population. The Committee discussed the following key points:

- AMaT, a digital clinical audit management tool, had been procured to provide organisational oversight of all clinical audits and the development and monitoring of improvement plans. The implementation and monitoring of the AMaT system and the progress of the Clinical Audit Strategy will be overseen by the Health Board Clinical Standards and Effectiveness group.
- Individual responsibility for Clinical Audit governance will be built into future job planning. Job planning will be supported by the job planning E-System, currently out for tender and being implemented in October 2022.

The Clinical Audit Strategy four priority areas, as outlined in the report, were discussed. These were:

- Scrutiny of national clinical audit performance with robust development and monitoring of improvement plans
- Divisions will identify clinical audits that allow scrutiny and assurance associated with quality and safety risk
- Trainees are supported to participate in meaningful clinical audits that support clinical governance
- Groups and Committees across the Health Board will commission clinical audit to support effective assurance as required.
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Recruitment was underway for a Clinical Governance Analyst who would be responsible for supporting Divisions in developing quality clinical audit dashboards. Discussions had taken place with the external data provider, Caspe Healthcare Knowledge Systems (CHKS), ensuring alignment, not duplication of data collection.

The Chair of the Committee requested a review of the key priorities and implementation of the AMaT system to come back to the Committee.

Timeframe to be agreed outside of the meeting. **Action: Medical Director/Secretariat**

Members were informed that Quality Improvement, coordinated alongside divisional leads, would be an element of focus for medical students and trainees going forward.

Paul Deneen, Independent Member, welcomed the enhanced level of scrutiny and ease of data access with the new AMaT system. Paul queried if the new system would replicate any current systems used by the Health Board. James Calvert stated that additional investigation was required to assess the function and use of the Datix system once the AMaT system was in place. The initial priority of the AMaT system would be the tracking of actions from Clinical Audits. Linda Alexander, Deputy Director of Nursing, informed members that an All-Wales approach to the implementation of AMaT was required and that meetings were taking place in September 2022 with other Health Boards to discuss the approach further.

	<p>The report was <b>RECEIVED</b> by the Committee.</p> <p>The Medical Director suggested an assurance report to come as a standing item to each meeting of the PQSOC. This report would include assurance based on previous meeting actions. The Chair to link with the Medical Director, Director of Nursing and Deputy Director of Nursing outside of the meeting to discuss a mechanism of assurance reporting for future meetings alongside an agreement with the Director of Corporate Governance. <b>Action: Committee Chair/Medical Director</b></p>
<b>PQSOC 1608/09</b>	<p><b>Clinical Audit Activity Report (Local and National), Quarter 1, 2022-23</b></p> <p>James Calvert, Medical Director, presented the report, providing oversight of results from National Clinical Audits and Confidential Inquiries, including improvements underway to address performance.</p> <p>Members were informed that the actions outlined in the report were not deemed as Specific Measurable Achievable Realistic and Timebound (SMART) and further discussions would take place with the secretariat of the Clinical Standards and Effectiveness Committee to discuss the scrutiny of actions taken from audits. The Chair requested that further review of the audits with no actions against them come back as an update to the Committee. <b>Action: Medical Director/Secretariat</b></p> <p>James Calvert welcomed feedback from the Committee on what they would like included in future reports. Members recommended Health Board improvement plans against targeted actions be included in future reports, with a focus on the improvement of patient care and experience.</p> <p>The report was <b>RECEIVED</b> by the Committee.</p>
<b>PQSOC 1608/10</b>	<p><b>Psychosis Audit</b></p> <p>James Calvert, Medical Director, presented the report, noting that this related to a previous Committee action. The report provided assurance of work undertaken to address required improvements outlined in the National Clinical Audit of Psychosis with respect to the Early Intervention Service (EIS) (2020/2021).</p> <p>Members were informed that the two-week access period to Psychosis Services was currently achieved for 36% of patients. This was due to insufficient staffing to meet demand. The staffing position was being addressed within the Mental Health and LD Division by assessing and reviewing skill mix and workforce models.</p> <p>The Committee received an update in respect of screening for physical health conditions for patients experiencing episodes of Psychosis. At present, 32% of psychosis patients received full physical health screening. The Mental Health and Learning Disabilities teams have mapped all areas for improvement and incorporated a Standard Operating Procedure to facilitate improved physical health screening for patients.</p>

	<p>The delivery of Cognitive Behavioural Therapy (CBT) for 'at risk' patients was discussed. There had been successful recruitment of a Clinical Psychologist, specialising in Cognitive Behavioural Therapy (CBT), in addition to support for all clinical staff to attend the Diploma in CBT for psychosis training to support a CBT informed approach to patient care.</p> <p>Paul Deneen, Independent Member, requested explanation of why the Health Board was an outlier in numbers of patients requiring Early Intervention Psychosis care. Members were informed that this may be due to the high level of expertise and care available in ABUHB Mental Health Services, and the ability to identify patient needs early in the assessment process.</p> <p>The Chair of the Committee requested a target date for the action <i>Development of a strategy to address inequalities in access to the service</i> as outlined in the report. <b>Action: Medical Director/Secretariat</b></p> <p>The committee <b>RECEIVED</b> the report and <b>NOTED</b> the improvements implemented to address the findings of the National Clinical Audit of Psychosis (2020/2021).</p>
<p><b>PQSOC 1608/11</b></p>	<p><b>Update on Cancer Services, and Associated Risks</b></p> <p>James Calvert, Medical Director, provided an overview of cancer performance including identified improvement actions to address the current challenges.</p> <p>James Calvert discussed the report, noting it included contextual information of overall performance. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The 62-day cancer pathway had deteriorated since October 2020; however, the Health Board had delivered more cancer interventions in the last quarter than ever before. This therefore indicated that there was a deteriorating position against significant increased activity, due to increased demand.</li> <li>• There had been a 46% increase in referrals in Colorectal services since pre-covid. Further work is being carried out in the community to encourage engagement with screening.</li> <li>• Referrals had also increased in Dermatology, Breast and Urology pathways. Individual working groups had been appointed within the pathways to assess staffing shortfalls and pathway capacity.</li> <li>• The Health Board was utilising data to predict capacity based on demand. The Lightfoot data models had been presented to the Cancer Board. The Committee was advised that Aneurin Bevan was the only Health Board in Wales utilising the innovative Lightfoot predictive data to inform system planning and subsequently improve patient care.</li> <li>• Contracts with external providers were discussed and it was noted that the Health Board would be working alongside Velindre Cancer Centre to assess pathway delays once patients were referred for treatment outside of the Health Board.</li> <li>• Pathology demand had increased and was noted as an area of high risk. This was due to insufficient working space affecting the ability to recruit to address demand, in conjunction with a UK wide shortage of Pathologists. A Pathology business case for service improvement had</li> </ul>

	<p>been developed and was due to be presented to the Pre-Investment Panel (PIP) for further consideration.</p> <ul style="list-style-type: none"> <li>• A communication strategy was being developed for Primary Care services to provide relevant information to patients being referred onto a cancer pathway. In addition, staff were receiving training to improve communication, providing the best information and support to patients who choose to cancel/rearrange appointments.</li> <li>• As a result of a 2-part communication workshop, an action plan had been established with an initial target of first contact for patients on a cancer pathway of 14-days.</li> </ul> <p>Helen Sweetland, Independent Member, noted the issues with pathology services and queried whether the Welsh Government had plans to support the All-Wales cancer genetics services. The Health Board was not aware of current plans for improvement in this area, but regular discussions were taking place on an All-Wales level to look to improve services.</p> <p>Paul Deenen, Independent Member, noted the numbers of people presenting late with cancer and requested further information on what actions were being taken forward to address this. Members were informed that work was being carried out with Primary Care Services and with Public Health Wales to improve communications by raising awareness, alongside investing in preventative measures to improve population health. A paper on Public Health plans to improve late presentation to come back to the Committee for information. <b>Action: Medical Director/Secretariat</b></p> <p>The Committee thanked the Medical Director for the comprehensive update and <b>NOTED</b> the report.</p>
<b>PQSOC 1608/12</b>	<p><b>National review of Venous Thromboembolisms (VTE) Report</b></p> <p>James Calvert, Medical Director, provided an overview of the report outlining the Health Board's action plan in response to the national review of Venous Thromboembolisms.</p> <p>Members were informed that the Health Board did not currently have the authority to prioritise mandatory training based on areas of need and mandatory training was determined on an All-Wales level.</p> <p>The recommended actions, as outlined in the report, were discussed. Work was underway to provide assurance that each recommendation would be achieved over the next 12 months.</p> <p>The Committee <b>NOTED</b> the report and acknowledged the work underway towards compliance with the recommendations.</p>
<b>PQSOC 1608/13</b>	<p><b>Safeguarding Annual Report 2021/22</b></p> <p>Fiona Bullock, Deputy Head of Safeguarding, presented the report to the Committee. The report included progress, performance, risk and learning together with an overview of emerging themes and trends, and a proposed work programme for 2022/'23.</p>



	<p>Members were informed that safeguarding was a key commitment of the Health Board, acknowledging that everyone had a pivotal role in ensuring patients, their families and the public receive high standards of care, complying with UK and Welsh Government safeguarding legislation. Key initiatives in response to risks emerging due to lockdown and subsequent hidden harm, as well as rising austerity in Wales, were discussed.</p> <p>Linda Alexander, Deputy Director of Nursing, thanked the safeguarding teams for their dedicated work and noted that further safeguarding training was required to support Health Board staff.</p> <p>Peter Carr, Director of Therapies and Health Science, provided assurance to the Committee that the Executive Team were committed to work with the Safeguarding teams to ensure learning informed safeguarding practice throughout the Health Board.</p> <p>Paul Deneen, Independent Member, highlighted the importance of Health Board wide compliance with mandatory safeguarding training.</p> <p>The report highlighted a significant number of child deaths relating to asphyxiation. A rapid review had taken place, in collaboration with Welsh Government. A 'Suicide and Self-Harm for Young People' strategic group had been developed within the Gwent Safeguarding Board, of which Health Board stakeholders were key contributors. Paul Deneen, Independent Member, questioned if the review had flagged links between child deaths and social media platforms. Fiona Bullock informed members that there had been no evidence linking cases in the Health Board area to social media platforms.</p> <p>The Committee <b>NOTED</b> the report.</p>
<p><b>PQSOC 1608/14</b></p>	<p><b>Infection Prevention and Control (IPAC) Annual Report 2021/22</b></p> <p>Moiria Bevan, Head of Infection Control, presented the report to the Committee. The report outlined the infection prevention work undertaken in 2021/22, management arrangements and progress against performance targets.</p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The Health Board had been successful in receiving transformational funding, allowing for additional support for prevention of infection in the wider community, particularly care homes.</li> <li>• The purchase of new machinery and the opening of the decontamination unit in GUH had supported service improvement and this was evidenced through improved performance data.</li> <li>• Further assurance was provided through the facilities audit team who regularly audited areas throughout the Health Board.</li> <li>• A COVID investigation team had been established by the Health Board to assess the harm from COVID on the population.</li> <li>• Relating to the older Health Board estates, an assessment of Health Board facilities was required to ensure required standards were met for infection prevention and control.</li> <li>• Ongoing training was a focus for the IPAC teams and an educational lead was to be piloted to support further training needs.</li> </ul>

	<p>Committee members thanked the IPAC team for all the hard work undertaken.</p> <p>The Committee <b>NOTED</b> the Annual Report and: -</p> <ul style="list-style-type: none"> <li>• The significant work programme and the impact of Covid-19.</li> <li>• The achievements of 2021/22.</li> <li>• The areas of concentration and priorities for 2022/23.</li> </ul>
<p><b>PQSOC 1608/15</b></p>	<p><b>LD Directorate Update</b></p> <p>Chris O'Connor, Director of Primary Care, Community and Mental Health Services, supported by John Carroll, Deputy Divisional Nurse and Lara Homan, Lead Nurse, Learning Disabilities provided an update to the Committee. The report was in response to a previous Committee action requesting an update on the review of care for individuals with Learning Disabilities (LD).</p> <p>John Carroll gave an overview of the Improving Care, Improving Lives Report. The Health Board, alongside partners, were in the process of developing a response to the recommendations within the report, as outlined in Appendix 1 of the papers. The Health Board had presented the work-to-date to the National Implementations Assurance Group in response to recommendations and had received positive feedback on progress made. The Learning Disabilities team planned to meet with the National Implementations Assurance Group in November 2022, to participate in the development of an All-Wales approach in response to the Improving Care, Improving Lives report.</p> <p>Lara Homan provided an overview of the progress made within primary and secondary liaison services with the aim to reduce health inequalities for people with Learning Disabilities. The Primary Care Liaison Service had collaborated with the Neighbourhood Care Networks, establishing relationships with GP surgeries, and supporting with the embedding of the learning disability annual health checks. The model used for annual health checks had been recognised and celebrated by Public Health Wales and would form a template for best practice across Wales. The Secondary Health Liaison service had recently piloted the recruitment of a consultant into the team, to improve communication and support for patients in acute and general healthcare settings with a Learning Disability.</p> <p>The Chair thanked the team for the report and discussed the importance of raising awareness of available services and support to friends, families and carers of individuals with learning disabilities.</p> <p>Paul Deneen, Independent Member, welcomed further discussions on the monitoring of commissioned placements for patients with Learning Disabilities. Chris O'Connor informed members that the Health Board had 7 patients with Learning Disabilities in hospital commissioned placements and, appropriate to individual needs, the Health Board's priority was to support patients with Learning Disabilities with care closer to home.</p>

	<p>Helen Sweetland, Independent Member, queried how information was shared with emergency units on available support for patients with Learning Disabilities. Members were informed that the Learning Disability team carried out regular visits to units and wards, produce regular communications and attend inductions for new staff to raise awareness.</p> <p>The Committee <b>NOTED</b> the report and <b>NOTED</b> the following:</p> <ul style="list-style-type: none"> <li>• Progress made with the Improving Care, Improving Lives Action Plan and support the continued joint work.</li> <li>• Progress made with both secondary and primary liaison services and consider the continued development and strengthening of health liaison teams.</li> <li>• The continued work in monitoring the quality of commissioned packages of care in in-patient settings.</li> </ul>
<p><b>PQSOC 1608/16</b></p>	<p><b>Committee Risk Report, July 2022</b></p> <p>Danielle O’Leary, Head of Corporate services, Risk and Assurance, presented the risk report to the Committee. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Work had been completed with Divisions to ensure risks were captured appropriately and consistently on the Datix system.</li> <li>• Divisional engagement continued, and a plan highlighting the benefits associated with the Risk Management Strategy had been developed and endorsed by the Audit, Risk and Assurance Committee. An update on this plan would be circulated to members of the Committee, aligning with the update to Audit, Risk and Assurance in October 2022. <b>Action: Head of Corporate Services, Risk and Assurance</b></li> <li>• Work continued to improve assurance mechanisms to the Board in relation to Health Board commissioned services. The Head of Corporate Risk and Assurance was due to meet with clinical service leads in August 2022 to determine assurance through continued monitoring, aligning with the developmental plans for the Board Assurance Framework.</li> <li>• In relation the CAHMS risk profile (CRR028), significant developments had been made. The Health Board was awaiting final funding approval from Welsh Government to develop a ward for children and young people in crisis. Contingencies were in place should the funding not be approved. The Committee would receive an update on the position of the funding at the next meeting. <b>Action: Head of Corporate Services, Risk and Assurance</b></li> </ul> <p>The Committee was asked to acknowledge the de-escalating trajectory of CRR010 – <i>Inpatient falls</i>, and to endorse the new risk in relation to Cancer Services, CRR039 - <i>Risk of delayed cancer treatments delivered to patients due to deteriorated position in cancer performance specifically in relation to 62 day waits</i>.</p> <p>Shelley Bosson, Independent Member, had shared the following requests outside of the meeting:</p>

	<ul style="list-style-type: none"> <li>• Outlining required updates to the risk report. The report had been amended in July 2022 to reflect new risks aligning to correct risk reference numbers.</li> <li>• Further assurance was required around inter-site transport risks. The Head of Corporate Risk and Assurance suggested an item for discussion to come back to the Committee to provide further assurance. The Committee endorsed this approach. <b>Action: Director of Operations</b></li> </ul> <p>The Committee <b>NOTED</b> the report.</p>
<b>PQSOC 1608/17</b>	<p><b>Committee Annual Workplan 2022-23</b></p> <p>Danielle O’Leary, Head of Corporate Services, Risk and Assurance, presented the annual workplan to the committee. The plan had been circulated to members outside of the meeting for comments.</p> <p>The Committee <b>APPROVED</b> the Committee Annual Workplan.</p>
	<b>Items for Information</b>
<b>PQSOC 1608/18</b>	<p><b>Highlight Report: Patient Quality, Safety &amp; Outcomes Group</b></p> <p>Peter Carr, Director of Therapies and Health Sciences, informed members that work was being undertaken, alongside the Director of Corporate Governance, to review the Terms of Reference for the Patient Quality, Safety and Outcomes Group. Any updates would be reported back to the Committee.</p> <p>The Committee <b>NOTED</b> the report for <b>INFORMATION</b>.</p>
<b>PQSOC 1608/19</b>	<p><b>Healthcare Inspectorate Wales, 2022-2023 Operational Plan</b></p> <p>The Committee <b>NOTED</b> the report for <b>INFORMATION</b>.</p>
<b>PQSOC 1608/20</b>	<p><b>PROMPT Wales Quality Assurance Review</b></p> <p>The Committee <b>NOTED</b> the report for <b>INFORMATION</b>.</p>
<b>PQSOC 1608/21</b>	<p><b>WHSSC QPSC Chairs Report to the 12<sup>th</sup> July 2022 Joint Committee- for information</b></p> <p>The Committee <b>NOTED</b> the report for <b>INFORMATION</b>.</p>
	<b>Other Matters</b>
<b>PQSOC 1608/22</b>	<p><b>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</b></p> <p>None noted.</p>
	<b>Date of Next Meeting</b>
<b>PQSOC 1608/23</b>	<p>The date of the next meeting was noted as: - Tuesday 18th October 2022 09:30 -12:30 via Microsoft Teams.</p>

