

**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, 12 th April 2022
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair) Mrs Judith Hardisty, Hywel Dda University Health Board (HDdUHB) Vice Chair Mr Paul Newman, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) Ms Delyth Raynsford, Independent Member (VC) Professor John Gammon, Independent Member (VC)</p>
In Attendance:	<p>Mr Andrew Carruthers, Director of Operations Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) (part) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (VC) Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mrs Joanne Wilson, Board Secretary (VC) Ms Sian Passey, Assistant Director of Nursing (VC) Ms Cathie Steele, Head of Quality and Governance (VC) Ms Kathryn Greaves, Head of Midwifery (VC) Ms Jenny Pugh Jones, Head of Medicines Management (VC) Dr Subhamay Ghosh, Associate Medical Director for Quality and Safety (VC) Ms Liz Carroll, Director of Mental Health and Learning Disabilities (VC) Ms Carly Buckingham, Service Delivery Manager, Ophthalmology, Dermatology and Neurology (VC) Ms Rebecca Jewell, Health Inspectorate Wales (VC) Ms Melanie Evans, Learning Disabilities Head of Service (VC) Ms Bethan Lewis, Interim Assistant Director of Public Health (VC) Dr Rupert Thurston, Consultant Psychiatrist in Learning Disabilities Service (VC) Ms Louise O'Connor, Assistant Director (Legal and Patient Support) (VC) Ms Mandy Nichols Davies, Head of Safeguarding Services (VC) Ms Chris Hayes, Nurse Staffing Programme Lead (VC) Ms Kathryn Greaves, Head of Midwifery Services (VC) Ms Mel Jenkins, Senior Nurse, Infection Prevention (VC) Ms Sharon Daniel, Assistant Director of Nursing (VC) Dr Barbara Wilson, Vice Chair, Community Health Council (VC) Ms Donna Coleman, Hywel Dda Community Health Council (VC) Mr William Oliver, Assistant Director of Therapies and Health Science (VC) Dr Roopam Goel, Consultant Obstetrician and Gynaecologist (VC) Mr Phil Jones, Audit Wales (Observing) (VC) Ms Karen Richardson, Corporate Partnership and Governance Officer (VC) Ms Katie Lewis, Committee Services Officer (Secretariat)</p>

QSEC (22) 24	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting.	
	Apologies for absence were received from:	

	Professor Philip Kloer, Medical Director & Deputy Chief Executive Ms Maria Battle, Chair, HDdUHB Dr Jo McCarthy, Deputy Director of Public Health	
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QSEC (22) 25	DECLARATIONS OF INTERESTS	
	There were no declarations of interests.	

QSEC (22) 26	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 8th February 2022	
	RESOLVED - that the minutes of the meeting held on 8 th February 2022 be approved as an accurate record.	

QSEC (22) 27	TABLE OF ACTIONS FROM THE MEETING HELD ON 8TH February 2022	
	<p>An update was provided on the Table of Actions from the meeting held on 8th February 2022, with the following noted:</p> <ul style="list-style-type: none"> • QSEC (22) 10: Cardiac Services Pathways Delays; Mrs Mandy Rayani has requested an update on known harm to patients due to any delays in the pathway which is under review by the Cardiology Transformation Group and will feed this back to the Chair of QSEC following the meeting. 	MR

QSEC (22) 28	QSEC DRAFT ANNUAL REPORT 2021/22	
	<p>The Committee received the QSEC draft Annual Report 2021/22 noting the significant work undertaken by the Committee during 2021/22 and reflected upon the main achievements that have contributed to robust integrated governance across the Health Board. The Committee noted the value of the deep dive reports which have enabled the Committee to delve into specific service areas for assurance.</p> <p>Ms Anna Lewis advised that a discussion will be scheduled with the Board Secretary when workforce capacity allows to discuss revising the reporting template going forward.</p>	JW
	The Committee ENDORSED the QSEC annual report 2021/22 for Board.	

QSEC (22) 29	QUALITY GOVERNANCE ARRANGEMENTS UPDATE	
	<p>The Committee received an update following the review of Quality Governance Arrangements undertaken by Audit Wales. It was noted that the Director of Operations, had been working with operational services to review the governance arrangements in place and instigate changes where required for upward quality and safety assurance, in order to strengthen the engagement and ownership from the operational teams.</p> <p>The Committee were informed that workshops will be arranged to map out the flow of the governance framework, and to ensure a triangulated view of wider performance and resource management. The process will enable a stronger</p>	

	<p>viewpoint across the organisation and improve the escalation process. Mr Carruthers noted that the review of the governance arrangements is in its early stages and an update will be provided at the Quality and Safety Experience Committee in due course.</p> <p>Ms Cathie Steele advised of the developments of the Once for Wales Programme which will utilise the Datix system to manage the Health Board's Risk Registers. The Health Board's Quality and Assurance team are involved in the All Wales workstreams and the system will be piloted within Betsi Cadwaladr University Health Board in due course.</p> <p>Mr Paul Newman queried the contrast in opinion between Audit Wales and the Health Board's Executive Management Team concerning the inconsistent governance leadership at an operational level across the Health Board. Mr Newman also requested an update on the discussion that took place with the Director of Operations and the Director of Nursing and Patient Experience to review operational capacity for the corporate governance functions. In response, Mrs Rayani advised that the governance arrangements in place were found to be consistent however, the construction and responsibility of certain meetings were not as embedded within some teams as others. Mrs Rayani noted that a review of resource and capacity to support the processes and the associated risks is underway. Ms Steele informed the Committee that an assessment of the resources both corporately and operationally has also been undertaken via a questionnaire and the outcome will be shared with the Executive Team once available.</p> <p>Ms Anna Lewis noted the work underway to strengthen the governance arrangements and the Committee requested an update for the next QSEC meeting on 22nd June 2022.</p> <p>The Committee NOTED the update following the Review of Quality Governance Arrangements undertaken by Audit Wales.</p>	<p>CS</p> <p>AC/CS</p>
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<p>QSEC (22) 30</p>	<p>EPILEPSY AND NEUROLOGY IN LEARNING DISABILITIES SERVICES DEEP DIVE</p> <p>The Committee received an update from the Epilepsy Service which is overseen by the Learning Disabilities Service noting the recent desktop review. The Committee noted the positive integrated work that has taken place between Neurology and Learning Disabilities service and Swansea Bay University Health Board (SBUHB) on the Epilepsy in Learning Disabilities pathway and commended the developments made by the Professional Lead Nurse in updating the systems which has allowed staff to familiarise themselves with all patients seen at the clinic.</p> <p>Ms Carly Buckingham noted the challenges in replicating the previous service workforce structure following the departure of the Psychiatrist with a specialist interest in Epilepsy in Learning Disabilities and the Lead Nurse from the Health Board and noted that neighbouring Health Boards are limited in the support they can offer due to their own capacity and demand challenges. The Committee was updated that the service is in the process of revising the clinical workforce model, which has been supported by the Consultant Psychiatrist in Learning Disabilities.</p>	
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Professor John Gammon commended the Neurology and Learning Disabilities team for the hard work undertaken to review the pathway in light of the workforce challenges and noted that the report provides some assurance in the actions taken to mitigate the risks to the population. However, Prof Gammon expressed concerns regarding the 34 letters of complaint and concern received by the Chief Executives office and enquired whether any themes have been identified, noting an imbalance between the positive developments in the service and the volume of complaints received. In response Ms Liz Carroll advised that the majority of the concerns regarded the wider Epilepsy pathway, although noted a common theme emerging related the Consultant Psychiatrist leaving the Health Board and impact on the service. Ms Louise O'Connor assured Members that correspondence outlining the developments within the service will be issued to the families concerned.

LOC

Mrs Judith Hardisty requested assurance that the breaches to the Mental Health and Capacity Act noted within the presentation have been escalated appropriately, and enquired whether a review will be undertaken into lessons learned from this experience recognising that some services become reliant on a small group of senior staff. Dr Rupert Thurston provided assurance that the process for the overnight monitoring of seizure activity has been reviewed by the Lead Nurse. In addition, capacity assessments have been completed for all cases where monitors are in use and multi-disciplinary best-interest meetings have been held. In response to Mrs Hardisty's second query, Mrs Rayani assured Members that discussions have taken place to ensure communication and escalation processes are robust in order to mitigate a similar situation occurring in future. Members received assurance from the Director of Nursing, Quality and Patient Experience and the Director of Operations that they will continue to work with fragile services on contingency plans and actions.

Mrs Delyth Raynsford requested assurance that there is an appropriate waiting list system in place that medically prioritises patients. In response Ms Carroll advised that currently there is no waiting list within the service; however annual reviews are scheduled for all patients and patients can contact the service directly to schedule a joint review with Learning Disabilities and Neurology services, if required.

Ms Buckingham informed Members that the majority of the medical provision is provided by SBUHB and ongoing discussions are taking place in collaboration with SBUHB and the Head of Strategic Community and Chronic Conditions to develop a sustainable service model. Members were further advised of the work to progress the development of an open access clinic which will be a positive initiative for the service.

Mrs Rayani provided assurance that significant progress has been made within the service including the desktop review and medical records update. The Mental Health and Learning Disabilities Directorate has sought assurance that care-planning assessments are up to date, ensuring collective oversight of patients. Ms Carroll assured Members that the Community Learning Disabilities Team arrange the annual review of all patients whereby the Epilepsy Care Plan is reviewed by the service.

Mr Paul Newman expressed concerns regarding the Health Board's monitoring of the care packages provided by commissioned services. In response, Mr Carruthers advised that the Director of Primary Care Service, is leading a

detailed project initiated by the Community Health Council in response to concern raised from the Court of Protection. Ms Jill Paterson commented that part of the review will look at historical practices, agree a transparent process, and provide clarity on the balance of responsibility going forward.

Mr Carruthers provided assurance on the significant progress and ongoing developments within the service to improve Epilepsy in the Learning Disabilities pathway. Further commenting that an independent review led by Professor Rohit Shankar (a clinical director for Learning Disabilities in Cornwall, and a Professor at University of Plymouth), and supported by Ms Paula Hopes (Head of Nursing for Learning Disabilities in SBUHB) has been commissioned which will consist of 2 stages:

- Stage 1: A questionnaire will be issued to service users, carers, staff and stakeholders to establish a baseline assessment of the service. An easy ready version of the questionnaire will be available too, in order to maximise responses. An interim report will then be produced by the summer that will indicate any further immediate actions that need to be addressed to ensure the safety of the service, and such provide an early warning mechanism.
- Stage 2: This will consist of workshops with the above groups to develop the required improvement plan for the development of the service in the short to medium term which are expected to take place in September and October 2022. The workshops will help provide the information for a final report in order to inform the Integrated Medium Term Plan planning cycle next year.

Mr Carruthers agreed to share the outcome of the independent review when available.

Ms Carroll, Ms Evans, Ms Buckingham and Dr Thurston left the Committee meeting.

AC

The Committee **RECEIVED ASSURANCE** by the actions taken to review the Epilepsy Pathway in Learning Disabilities Service.

QSEC
(22) 31

SCHOOL NURSE AND YOUTH HEALTH TEAM DEEP DIVE REPORT

The Committee received the Children’s Public Health Nursing: Provision of School Nursing and Youth Health Team Deep Dive review. Ms Bethan Lewis provided an update on the review of service provision, highlighting the impact of COVID-19, which impacted the service in the deployment of the School Nurse team to support the pandemic response and the ongoing workforce challenges. Members noted the significant role of the School Nurse and the interdependencies with the Youth Health Team in supporting the wellbeing of the children within Hywel Dda.

Members were informed of the recent review of the School Nurse staffing framework and staffing profile noting the key risks within the service that includes a budget shortfall, an ageing / insufficient workforce and accommodation challenges. Ms Bethan Lewis explained the shortfall of Specialist School Nurses in Ceredigion and Carmarthenshire area and the budget limitations that result in challenges in developing the framework.

Members were advised of further challenges experienced by the service such as staff burnout, lack of professional development opportunities. Additional challenges due to Welsh Language requirements in hard to recruit areas which is a further barrier to recruitment. Ms Lewis clarified the current workforce position, highlighting that 44% of staff are nearing retirement age.

Ms Bethan Lewis assured Members of the actions being undertaken to mitigate the risks and provide a sustainable service for the population. These include a workforce review in collaboration with the Workforce and Development Team, improving professional development opportunities to deliver more flexibility and skills within the service and improve service provision.

Ms Bethan Lewis advised that a meeting will take place with the training lead in Swansea University to discuss future opportunities and also the education leads in Ceredigion to discuss ways to improve recruitment into the vacant posts. Ms Bethan Lewis noted that the relaunch of the ChatHealth text message system will be a useful tool to support the wellbeing of the children of the population.

Ms Bethan Lewis commended the School Nurse Team for their hard work and flexibility during the COVID-19 response whereby the staff were deployed to a different working environment. Mrs Raynsford echoed Ms Lewis' comments, however referring to the lack of Welsh speaking School Nurses enquired whether children in Welsh Language schools are receiving an equitable service. Mrs Raynsford further enquired whether the challenges raised as part of the review within the service are being experienced nationally and also whether unregistered vaccinators and the volunteer sector could support School Nurse capacity. In response, Ms Lewis agreed that feedback from the children will be a significant factor in any decisions being made regarding language preference for School Nurse staff. In regard to unregistered staff undertaking immunisations, Ms Bethan Lewis explained that the vaccination arrangements for COVID-19 was implemented as a response to a pandemic and particular immunisations require registered nurse administration however there are opportunities to explore with Welsh Government in order to support the service. Ms Lewis noted Ms Raynsford's comments regarding the volunteer sector and agreed to explore this further.

In response to a query from Mrs Hardisty regarding School Nurse and Youth Health Team representation on the Regional Children and Young Peoples Working Group, Ms Bethan Lewis confirmed attendance at the meeting and informed Members that a service update will be provided to the working group in due course. Ms Bethan Lewis further noted the plans to review and refresh the governance structure within the service, with plans to establish a Public Health Quality and Safety Experience Group.

BL

Prof Gammon welcomed the progress with education providers and suggested collaboration with commissioned services and Health Education and Improvement Wales to establish a future workforce model in light of the current challenges. Ms Bethan Lewis agreed to take this forward.

In response to a further query from Prof Gammon on the current deficit, Ms Bethan Lewis commented that the current School Nurse framework is in need of updating and progress is being made to review the requirements in the Hywel Dda region.

	<p>Ms Bethan Lewis assured Members that the risks highlighted within the report will be included on Datix following the planned risk register review with the Director of Nursing, Patient Experience and the Director of Operations.</p> <p>Members received assurance from Mr Carruthers that a detailed engagement plan is in place for a more holistic approach to Children and Young People's Services across the Health Board and the next steps will involve engaging with children's and young people groups to develop and strengthen the engagement going forward.</p>	BL
	<p>The Committee NOTED the deep dive report into the School Nurse and Youth Health Team and NOTED the work underway to mitigate risk to staffing vacancies within the School Nursing Service from the actions in place.</p>	

QSEC (22) 32	<p>SAFEGUARDING SERVICES DEEP DIVE REPORT</p> <p>The Committee received the Safeguarding Service Deep Dive presentation and noted the significant increase in safeguarding activity since the COVID-19 pandemic. Ms Mandy Nichols-Davies informed Members that the Adult Safeguarding Team Single Point of Contact is currently a significant area of risk due to the small and fragile resource and an increase in referrals.</p> <p>Ms Nichols-Davies advised of the current risks within the service in terms of resource, demand, the updated national statutory review process and outlined the requirements of the New Regional High Risk Behaviour including Self-Neglect and Hoarding Policy monthly multi-agency meetings which will have a further impact on capacity.</p> <p>In response to the current challenges and risks experienced by the service, Ms Nichols-Davies provided a summary of the actions undertaken to mitigate the impact such as collaborative working, reviewing the structure in adult and child safeguarding teams to increase capacity and enable succession planning and progressing opportunities for operational services to take a more active role in reviews.</p> <p>Mr Paul Newman queried the impact of Looked After Children placements within the Health Board region from out of county that is noted within the slide set. In response, Ms Nichols Davies informed the Committee that the impact is also on the Health Visiting Service and School Nurse service in addition to the corporate Looked After Children team to complete the Looked After Children Health Assessment. These children may also need to access other services to meet their health need. The Committee were informed that there is a specialist nurse who undertakes the health needs assessments for looked after children in residential homes.</p> <p>The Committee noted that national discussions are underway to improve the health needs notification process and Ms Nichols-Davies agreed to check the timescales for this.</p> <p>Dr Barbara Wilson queried the position for the provision of health services for refugees, in light of the current crisis in Ukraine. Ms Nichols- Davies confirmed that regional discussions are underway with Welsh Government and key partners to ensure that the appropriate services will be in place, if required.</p>	MND
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	<p>Reflecting on the complex and distressing work being carried out by the Safeguarding Team, Ms Raynsford enquired whether data is available on staff leaving due to service pressures or whether Service Leads are confident that adequate support is in place for the current workforce. In response, Ms Nichols-Davies, provided assurance that robust supervision arrangements are in place. Members further noted ongoing discussions with the Health Visiting and School Nurse Service around the current supervision model and managing stress and caseloads. Ms Nichols-Davies commented that regular contact is made with safeguarding practitioners who are routinely reminded of the wellbeing resources available.</p> <p>Ms Anna Lewis enquired whether any additional resource has been provided by Welsh Government due to the increase in demand on the service since the COVID-19 pandemic. In response, Mrs Rayani advised that no additional funding has been received to date, however assured Members that the Health Board would explore funding opportunities in order to support the service. Members noted that the challenging position is not unique to Hywel Dda and similar challenges reported to the All Wales Director of Nursing Peer Group and the Chief Nursing Officer. Ms Anna Lewis suggested representation is made to Welsh Government to formally note the challenges on the frontline service and the threat to statutory compliance due to the impact of COVID-19. Mrs Rayani agreed to further discuss the increasing level of activity with Ms Nichols-Davies.</p> <p>The Committee RECEIVED ASSURANCE that the Health Board is fully engaged in the regional safeguarding activity, leading elements of the national safeguarding activities and taking steps to mitigate the risks identified.</p>	<p>MR/ MND</p>
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<p>QSEC (22) 33</p>	<p>THE NURSE STAFFING WALES ACT ANNUAL REPORT</p> <p>The Committee received the Nurse Staffing Wales Act Annual Report as part of the three-year statutory reporting requirement process and acknowledged the immense work undertaken by Ms Chris Hayes, Nurse Staffing Programme Lead who was recently awarded a Chief Nursing Officer's Excellence Award for the Nurse Staffing Levels programme. The Committee commended the work undertaken by Ms Hayes and the team in the last year during a complex period and noted the achievements in familiarising operational staff with the Nurse Staffing Wales Act, which was recognised by Mrs Hardisty during a recent visit to Glangwili General hospital (GGH).</p> <p>Mrs Rayani reflected upon the hard work undertaken in the previous year and outlined the current Health Board nurse staffing levels position. Members noted that the time period has been challenging and acknowledged the fast changing acuity levels due to COVID-19 detailed within the report. Mrs Rayani provided an update on the challenges to maintain the roster compliance in certain hotspots due to workforce and capacity challenges.</p> <p>Prof Gammon commended the hard work by Mrs Chris Hayes and highlighted that the feedback received from the annual report demonstrates how the Health Board have gone above and beyond in the implementation of the requirements of the Nurse Staffing Levels Act. Members acknowledged the exemplary leadership of Ms Hayes throughout the implementation process and passed on their best wishes for Ms Hayes imminent retirement from the Health Board.</p>	
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	<p>In response to Mrs Hardisty's query regarding the nurse staffing arrangements whereby wards had to undertake temporary changes to mitigate the impact of COVID-19, Ms Hayes advised that when changes are required, the nurse staffing levels are recalculated in collaboration with the hospital Heads of Nursing. Ms Hayes assured Members that available data is utilised to make a professional judgement on patient safety requirements.</p> <p>Ms Hayes provided Members with an update on the Health Visiting staffing programme and the progress in revising the staffing requirements and suggested a further update be provided to QSEC in August 2022.</p>	MR
	<p>The Committee RECEIVED ASSURANCE that the necessary processes and reviews have been enacted to enable the HDdUHB to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.</p>	

QSEC (22) 34	<p>QUALITY ASSURANCE REPORT</p> <p>The Committee received the Quality and Assurance Report, including an update on the recent Healthcare Inspectorate Wales (HIW) virtual inspection at Llandovery Hospital noting that no immediate actions are required.</p> <p>Ms Steele provided an update on the COVID-19 reviews, highlighting that Welsh Government have recently confirmed additional funding for a two-year period to support the Health Board:</p> <ul style="list-style-type: none"> • Put in place the necessary resource and infrastructure to deliver the programme of investigation work in relation to patient safety incidents of nosocomial COVID-19 • Proactively engage with patients and families who have been affected by incidents of nosocomial COVID-19 • Establish a Corporate Assurance Nosocomial COVID-19 Scrutiny Panel <p>Referring to the higher number of clinical negligence claims within Women's Services Ms Raynsford, enquired whether there are themes emerging that require investigation. In response, Ms O'Connor assured Members that analysis is undertaken on the negligence claims, with a Deep Dive Thematic Claim Review currently being undertaken on maternity services, which will be reported to the Listening and Learning Sub-Committee in July 2022. In addition, advising that further information will be available following the development of a dashboard.</p> <p>The Committee RECEIVED ASSURANCE from the Quality and Safety Assurance Report that processes including the Listening and Learning Sub Committee are in place to review and monitor patient safety highlighted through incident reporting and review of nosocomial COVID-19 infection and patient experience highlighted through clinical negligence claims.</p>	
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QSEC (22) 35	<p>PATIENT STORY MATERNITY SERVICES</p> <p>The Committee received a patient story from Maternity Services. The patient received an unplanned caesarean during the birth of her child and provided positive feedback from the care she received within the service. The patient felt well supported and passed on personal thanks to each member of the team who provided the care.</p>	
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The Committee **NOTED** the Maternity Patient Story.

**QSEC
(22) 36**

**MATERNITY SERVICES IMPROVEMENT PLAN FOLLOWING HIW
INSPECTIONS ACROSS WALES**

The Committee received an update on the Health Board's response to The Royal Colleges' Independent Review of Maternity Services at Cwm Taf University Health Board (CTMUHB), which highlighted a number of concerns relating to the service. The review also raised significant concerns and questions about the effectiveness of wider Health Board leadership and governance arrangements and Welsh Government requested immediate assurance from all Health Board's in Wales. All Health Board's had a two week timescale to benchmark Maternity Services, which was led by the Maternity and Neonatal Network and 17 recommendations were made.

Ms Kathryn Greaves and Dr Roopam Goel provided an update on the actions undertaken as part of the key recommendations and improvement plan, an overview of the current medical position, the recent appointments in the service and also noted the new labour ward as a positive step for patient and staff experience and wellbeing.

Ms Greaves advised of the next steps within the service, including a 'Stop, Start or Continue' evaluation of the current processes in place within the service, to celebrate the achievements within the team, and to create capacity within the team and enhance the staff skills to future proof maternity services. Ms Greaves further advised that an assurance framework will be developed as part of the national maternity neonatal programme in response to the Ockenden report to ensure the service provision is in line with the future requirements of the population and in collaboration with Improvement Cymru.

Members received an update on the recent appointment of a patient experience Midwife and noted the use of social media platforms arranged by the Health Boards Communications Team to gather views on the planning for future service provision. Ms Greaves informed Members that Maternity Services and the Communications Team have undertaken visits to local breastfeeding groups, postnatal groups and to women with complex social needs to explore their views on service requirements.

Ms Donna Coleman noted the positive feedback provided from the service that provides a level of assurance to the Committee, however expressed concerns regarding negative stories received via a survey conducted by the Hywel Dda Community Health Council. Subsequent to the survey response, Ms Coleman understood that an action plan had been developed with a completion date of May 2022 and requested an update. Ms Greaves, is new in post has requested an update position on the action plan and undertook to revisit the schedule to provide an update to Members. Ms Coleman noted the value of providing feedback to the community in terms of 'You Said, we did' to share the value of feedback in shaping services.

Mrs Rayani commented that an update will be provided on the All Wales development of the maternity services structure, the developments following the Ockenden Report and the CHC Improvement plan in due course.

Ms Greaves and Dr Goel left the Committee meeting.

KG

	The Committee RECEIVED ASSURANCE on progress with the recommendations following the Benchmarking Exercise into Maternity Services across Wales.	
QSEC (22)37	SWANSEA BAY UNIVERSITY HEALTH BOARD PROGRESS REPORT ON THE REVIEW OF CARDIAC SERVICES IMPROVEMENT PLAN	
	<p>The Committee received the SBUHB progress report on the Cardiac Services improvement plan following the Getting it Right First Time Review. Dr Subhamay Ghosh provided an overview of the range of actions taken, the improvement plan in progress, and key deliverables.</p> <p>Members received an update following a meeting on 17th March 2022 between SBUHB and HDdUHB Medical Directors, Directors of Nursing and Board Secretary's. Dr Ghosh drew attention to key points from the meeting such as the development of a dashboard which is now in use and the Welsh Health Specialist Services Committee de-escalation to Stage 3 which will be further discussed following the Royal College of Surgeons (RCS) planned review. For clarity, the RCS review will include the case note review of the 19 mitral valve death and a standard service review.</p> <p>Prof Gammon noted the update on the action plan on behalf of SBUHB and requested assurance of the equitable access of service for the Hywel Dda population. In response, Dr Ghosh explained the geographical challenges that causes a natural inequity for the Hywel Dda population. Dr Ghosh noted the options being explored in terms of transport and alternative providers however acknowledged the fact that there is no short-term solution to the current challenges. Dr Ghosh further noted the recruitment challenges that are causing barriers in bringing the service closer to the rural areas of the Hywel Dda population.</p>	
	The Committee NOTED the SBUHB Progress Report and progress of the Cardiac Services improvement plan.	
QSEC (22) 38	OPERATIONAL QUALITY SAFETY AND EXPERIENCE COMMITTEE ANNUAL REPORT 2021/22	
	<p>The Committee received the OQSESC Annual Report 2021/22 and noted that the OQSESC meeting scheduled for March 2021 was cancelled due to operational pressures and guidance issued by Welsh Government to undertake a hospital reset.</p> <p>Ms Anna Lewis enquired whether the Sub-Committees undertake a self-assessment on effectiveness exercise. In response, Mrs Joanne Wilson confirmed this is not currently undertaken however this can be explored when capacity in the Corporate Governance team allows.</p> <p>Mrs Hardisty commended Mrs Sian Passey' leadership and the refreshed focus of the Sub-Committee to incorporate patient experience and positive developments in services as well as the escalation of risks to balance the agenda. However, Mrs Hardisty expressed concerns regarding attendance at OQSESC meetings and requested that this is monitored.</p>	<p>JW</p> <p>KL</p>

	The Committee ENDORSED the QQSESC Annual Report 2021/22	
QSEC (22) 39	LISTENING AND LEARNING SUB COMMITTEE (LLSC) UPDATE REPORT AND ANNUAL REPORT 2021/22	
	<ul style="list-style-type: none"> The Committee received the LLSC update report and annual report 2021/22. 	
	The Committee NOTED the LLSC Update report and ENDORSED the LLSC Annual Report 2021/22	
QSEC (22) 40	Infection Prevention and Control Update	
	The Committee received an update from the Infection and Prevention Strategic Steering Group noting the establishment of the Ventilation Group and the capital investment secured to convert x2 positive ventilation cubicles to negative pressure suites at Bronglais General Hospital and GGH. Ms Mel Jenkins advised that installing Isolation pods for Critical Care has now taken them to 50% siderooms.	
	Members noted that the review of air purifiers in collaboration with Shared Services and SBUHB has resulted in the purchase of 60 air purifiers. The allocation will be agreed and the Standard Operating Procedure is in development.	
	Members received an update on the Audit tracker developed by Infection Prevention Team to record progress against Infection Prevention environmental audits.	
	The Committee NOTED the update on behalf of the Infection, Prevention and Control Steering Group.	
QSEC (22)41	QSEC WORK PROGRAMMES 2022/ 23	
	Members received the QSEC Work Programme 2022/23 for information.	
QSEC (22)42	WHSCC CHAIR'S REPORT : QUALITY AND PATIENT SAFETY	
	The Committee received the Chair's Report for Quality and Patient Safety for information.	
QSEC (22)43	QUALITY AND PATIENT EXPERIENCE COMMITTEE SELF ASSESSMENT 2021/ 22	
	The Committee received the QSEC Self-Assessment 2021/ 22 for information.	
QSEC (22) 44	Date of Next Meeting	
	The date of the next QSEC meeting is scheduled for 9:30am, 22 nd June 2022.	