

**COFNODION HEB EU CYMERADWYO O GYFARFOD Y PWYLLGOR ANSAWDD,  
DIOGELWCH A PHROFIAD  
UNAPPROVED MINUTES OF THE  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC) MEETING**

<b>Date and Time of Meeting:</b>	9:30am, 22 <sup>nd</sup> June 2022
<b>Venue:</b>	Boardroom, Ystwyth Building/ MS Teams

<b>Present:</b>	<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>
<b>In Attendance:</b>	<p>Mr Andrew Carruthers, Director of Operations          Ms Alison Shakeshaft, Director of Therapies and Health Science (VC)          Ms Jill Paterson, Director of Primary Care, Community and Long Term Care          Mrs Mandy Rayani, Director of Nursing, Quality &amp; Patient Experience          Ms Cathie Steele, Head of Quality and Governance (VC)          Ms Kathryn Greaves, Head of Midwifery (VC)          Ms Donna Coleman, Hywel Dda Community Health Council (VC)          Mr William Oliver, Assistant Director of Therapies and Health Science (VC)          Ms Lisa Humphreys, Interim General Manager, Paediatrics (VC)          Professor Philip Kloer, Medical Director          Mr Daniel Morgan, Risk and Assurance Officer (Observing) (VC)          Ms Marinela Stoicheci, Risk and Assurance Officer (Observing) (VC)          Ms Eden Carlisle, Children's Community Nurse (VC) (part)          Ms Angharad Davies, Children's Community Lead Nurse (VC) (part)          Ms Carole Bell, Welsh Health Specialised Services Committee (VC) (part)          Mr Stuart Davies, Welsh Health Specialised Services Committee (VC) (part)          Mrs Louise O'Connor, Assistant Director Legal and Patient Support (VC)          Ms Bethan Andrews, Service Delivery Manager (VC)          Mr Keith Jones, Director of Secondary Care Services (VC)          Ms Mandy Nichols Davies, Head of Safeguarding Services (VC)          Ms Rebecca Clement, General Graduate Manager, Public Health Wales (Observing)          Ms Katie Lewis, Committee Services Officer (Secretariat)</p>

<b>QSEC (22) 45</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting.	
	<p>Apologies for absence were received from:</p> <p>Mrs Sian Passey, Assistant Director of Nursing for Quality, Assurance, Professional Regulation, and Interim Acute Operational Services            Mr Subhamay Ghosh, Associate Medical Director for Quality and Safety            Mrs Joanne Wilson, Board Secretary</p>	

QSEC (22) 46	<b>DECLARATIONS OF INTERESTS</b> There were no declarations of interests.	
QSEC (22) 47	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 12<sup>th</sup> April 2022</b> <b>RESOLVED</b> - that the minutes of the meeting held on 12 <sup>th</sup> April 2022 be approved as an accurate record.	
QSEC (22) 48	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 12<sup>th</sup> April 2022</b> An update was provided on the Table of Actions from the meeting held on 12 <sup>th</sup> April 2022, with the following noted: <ul style="list-style-type: none"> <li>• <b>QSEC 22 (31) School Nurse Service:</b> whilst noting that the action to provide a service update to the Regional Children and Young People's Working Group was complete, the Committee requested an update following discussions at the meeting through the Table of Actions.</li> </ul>	<b>BL</b>
QSEC (22) 49	<b>ANNUAL REVIEW OF THE QSEC TERMS OF REFERENCE</b> The Committee received and approved the QSEC Terms of Reference, presented for annual review, with no changes or additions requested. The Committee <b>APPROVED</b> the QSEC Terms of Reference for onward ratification by Board.	
QSEC (22) 50	<b>PATIENT STORY PAEDIATRIC SERVICES</b> The Committee received a patient story from the mother of a young man who had been a service user within Children's Services for 18 years, detailing the first-hand experience of the transition process from Children's Services to the Adult Learning Disability Services. The overall comments were positive, with valuable feedback for the team. The mother's experience touched upon issues such as the initial worry and lack of resources available in the time leading up the transition stage, and following the initial referral, highlighted that the multi-disciplinary team (MDT) meeting would have benefited from patient involvement. The patient story also highlighted parking/ wheelchair access issues at Glangwili General Hospital (GGH) Children's Services meeting venue during the patient's appointment. The Committee received assurance that actions have taken place to address the concerns and improve the pathway, such as the Children's Services Lead Transition Nurse undertaking a meeting with the family prior to the clinical MDT meeting to discuss any concerns and that the meeting venue has changed since the feedback was received. The Committee also noted the ongoing developments for a co-ordinated approach with Social Care Services and the Education Department to support patients during the clinical transition as well as for education and respite.	

The Committee received positive feedback for the transition nursing team following the referral with the staff described as approachable, knowledgeable and helpful.

Mrs Delyth Raynsford enquired whether the initial discussions with the family regarding the transition process require a meeting room in a clinical setting or whether appointments can be offered at the patient's home. Mrs Raynsford also asked at what stage the planning begins for the transition process for patients within Children's Services. In response, Ms Angharad Davies clarified that the meetings do not necessarily require a clinical setting, with some appointments offered at home if necessary however this can be explored further as the service develops. The service commenced in January 2022 and due to the high volume of patients and limited resources, the Transition Team are currently supporting patients aged 17 years old and above however younger patients will be supported as the service progresses. The Committee received assurance that patients receive a leaflet from 14 years of age with sign posting and support services information.

Ms Jill Paterson highlighted that a protocol was developed within Primary Care services over the last three years for the transition to Continuing Care for patients with Complex Needs with pathway processes implemented, and offered support to the Transition Team through sharing this information.

The Committee extended their gratitude to the mother, patient and the team for sharing their experience and valuable feedback.

*Ms Eden Carlisle left the meeting.*

The Committee **NOTED** the patient story and **RECEIVED ASSURANCE** from actions undertaken to address the feedback received.

**QSEC  
(22) 51**

**DEEP DIVE: COMMUNITY PAEDIATRICS**

The Committee received the Deep Dive report for Community Paediatric Services noting the significant concerns raised by the Consultants from the Children and Young People's Services on the high number of patients waiting long periods of time for an appointment within Community Paediatrics and the associated risks. Mr Andrew Carruthers informed the Committee that correspondence has been received from the Lead Community Paediatrics Consultant expressing concern regarding the current service position and the request for a review of the Community Paediatrics Service. Mr Carruthers advised that the Pre -COVID-19 patient waiting lists have not changed significantly, however, children are waiting longer for an initial appointment, some up to four years. The Committee noted the clinical view that there is also an increased level of acuity and complexities with the children waiting to be seen.

The Committee noted that Mr Martin Simmons, Consultant in Community Paediatrics will undertake an international evidence based, review of the Paediatrics Service, identifying gaps and areas for improvement and investment. A Task and Finish Group is being established to ascertain the demand and capacity position, review the staff skill set and review the criteria for referrals according to ministerial measures. The Terms of Reference are in

**AC/  
CSO**

	<p>development and the review is anticipated to take two to three months, with an outcome report scheduled for QSEC in December 2022.</p> <p>Mrs Raynsford enquired whether the individual impact on the children and families affected is being captured during these significant waits drawing attention to the broad social impact for children and families and received assurance from Ms Humphreys that a communication plan is in development to capture the patient experience during the waiting periods and feedback will be provided to the QSEC once complete.</p> <p>Ms Donna Coleman, highlighting the impact of waiting lists on families of those with Attention Deficit Hyperactivity Disorder (ADHD) and noted the particular need for an ADHD Pre-Habilitation programme.</p> <p>The Committee noted that the outcome of the internal review will be provided to QSEC for onward assurance to Board and that any recommendations and actions will be undertaken to support the service.</p> <p><i>Ms Angharad Davies left the meeting</i></p>	<p><b>AC/ LH</b></p>
	<p>The Committee <b>RECEIVED ASSURANCE</b> that robust plans are in place and measures are being put in place to manage the waiting list for Community Paediatrics appropriately.</p>	

<p><b>QSEC (22) 52</b></p>	<p><b>WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSCC) UPDATE ON CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH SERVICES (CAMHS) TIER 4 PATHWAY</b></p> <p>The Committee received an update from WHSCC on the current pressures within the CAMHS Tier 4 Pathway, with the nationally challenging position noted. Mr Stuart Davies, Executive Lead for Ty Llidiard, CAMHS inpatient Unit, Bridgend highlighted the ongoing escalation position of the service, advising that the service model has historically been medically led and the recently approved investment for the recruitment of a number of psychologists and therapists to the hospital is expected to transform the clinical model to a more therapeutic pathway.</p> <p>Ms Lewis enquired how the outcomes are captured and what metrics are in place for quality and safety monitoring of the Tier 4 services. In response, Ms Carole Bell updated Members of the quality rating system for providers as part of the National Standards Framework. Ms Bell added that patient stories are presented to the WHSCC Quality and Safety Committee and that young people are invited and encouraged to provide feedback during learning events..</p> <p>In response to a query from Ms Alison Shakeshaft regarding whether the therapy investment will include Physiotherapy and Dietetics, Mr Davies confirmed this as well as Occupational Therapy involvement.</p> <p>Professor John Gammon commented that the performance data provided within the presentation indicates that Hywel Dda University Health Board (HDdUHB) inpatients stay for longer periods of time than other Health Board patients and enquired whether this is due to pathway challenges. In response, Ms Bell could not confirm this was the case or whether there are other factors affecting the</p>	<p><b>AC/LC</b></p>
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	<p>length of stay. Prof Gammon requested further exploration to ascertain the pathway provision of services.</p> <p>Mrs Judith Hardisty raised a concern regarding the length of time the CAMHS Tier 4 Unit has been in escalation and requested timescales for improvements and the contingency plans if improvements are not made within this timescale. In response, Mr Davies informed Members that progress is anticipated in the next six months with the revised clinical model and the appointment of a new Consultant and if this is not achieved, alternative service provision in England will be sourced to mitigate the risks on the young people. Ms Bell updated Members that the escalation has been raised with Welsh Government and it is widely accepted that there is a national challenge around service provision for CAMHS Tier 4. Ms Bell informed the Committee that a contingency planning report and associated timeframes is being prepared for the WHSCC Joint Health Board Committee and an update can be shared with QSEC following the meeting.</p> <p>The Committee expressed concern regarding the significant period of time the service has been in escalation, and whilst recognising the revision of the clinical model, leadership and actions that are underway to improve the position, suggested that there is a lack of evidence to suggest that the changes are having the required impact for the children and young people of the HDdUHB population. Highlighting the quality and safety concerns, the Committee agreed to continue to closely monitor the position and risk and requested an improvement trajectory assurance report be presented to QSEC in the next four to six months.</p> <p><i>Ms Carole Bell and Mr Stuart Davies left the meeting.</i></p>	<p>WHSC C</p> <p>WHSC C</p>
	<p>The Committee <b>RECEIVED LIMITED ASSURANCE</b> from the WHSCC update report on the CAMHS Tier 4 Service.</p>	

<p><b>QSEC (22) 53</b></p>	<p><b>GETTING IT RIGHT FIRST TIME (GIRFT) OUTCOME REPORT FOR ORTHOPAEDIC SERVICES</b></p> <p>The Committee received the draft GIRFT outcome report for Orthopaedic Services and an update on the recommendations made following the service review. Mr Carruthers advised that the overall practice feedback has been positive however indicates a need for strategic change and reconfiguration which ties in with the overall national orthopaedic services national report. Members noted the intention to establish an Orthopaedic Steering Group to oversee the implementation of the recommendations and deliver Orthopaedic improvements. A response to the draft report will be developed and the Director of Operations will oversee the delivery of the action plan in response to the recommendations which will be available in the next few months. An overview was provided on a number of the mitigating actions in place including the triangulated approach for learning from complaints which is being led by the Head of Quality Governance and will be reported at the Quality Meetings. The Committee noted that an action plan and timelines for the recommendations will be prepared and forward planned for a future QSEC meeting.</p> <p>Mrs Hardisty sought assurance that the action plan and response to the GIRFT report addresses wider Multi-Disciplinary team leadership and processes. Mr Carruthers assured Mrs Hardisty that the intention is to encompass the wider</p>	<p>AC</p>
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	multi-disciplinary arrangements and the service design will be based on a much broader level than the immediate medical response team.	
	The Committee <b>CONSIDERED</b> the findings and recommendations outlined within the GIRFT report and <b>NOTED</b> the establishment of an Orthopaedic Steering Group to oversee and progress actions in respect of recommendations highlighted, to be reported via the Operational Planning & Delivery Group structure.	

<b>QSEC (22) 54</b>	<b>DE-ESCALATION OF HEALTH BOARD COVID-19 INFECTION PREVENTION CONTROL MEASURES</b>	
	<p>The Committee received an update on the de-escalation of Health Board COVID-19 infection prevention control measures to risk based management with the majority of Health Board sites reverting to Pre COVID-19 substantive practice. Mrs Rayani assured Members of the daily risk assessment and COVID-19 position discussions with Senior Management to ensure patient safety with lessons learned from patient feedback, with the intention to get back to normal working practice as much as possible. Mrs Rayani added that the revised guidance has been shared with the Health Board's Community Health Council and the intranet's Frequently Asked Questions for consultation.</p> <p>Ms Alison Shakeshaft advised that the patient testing framework is in the process of being updated and will be presented to the Health Board's Operational Programme Delivery Groups next scheduled meeting.</p>	
	The Committee <b>NOTED</b> the update provided on the De-escalation of Health Board COVID-19 infection prevention control measures.	

<b>QSEC (22) 55</b>	<b>CORPORATE RISKS ASSIGNED TO QSEC</b>	
	<p>The Committee received the Corporate Risks Assigned to QSEC.</p> <p>Referring to <i>Risk 1032- Timely access to assessment and diagnosis for Mental Health and Learning Disabilities clients</i> Mr Paul Newman requested clarity on the change in timescales for actions with no explanation provided on the demand and capacity work underway. In response, Mrs Rayani undertook to liaise with the Mental Health and Learning Disabilities Triumvirate to request further information and ensure that achievable timescales are provided, with an update provided via the Table of Actions.</p> <p>In terms of <i>Risk 1337- Risk of reputational harm if the health board is found to have not managed the Llwynhendy TB outbreak as well as it could have</i>; Prof Gammon highlighted an error within the report regarding the external review taking place in April 2022 with the outcome report being released in May 2022. Professor Philip Kloer informed Members that due to COVID-19 the review will be undertaken in the Autumn 2022.</p> <p>Referring to <i>Risk 129- Ability to deliver an Urgent Primary Care Out of Hours Service for HDdUHB patients</i>; Ms Anne Murphy queried the steps underway to mitigate the risk in light of the significant workforce challenges. Recognising the UK wide shortfall of GP's and the traditional Out of Hours service, Mrs Rayani highlighted the out of hours response work underway which will shape the service to support the workforce position.</p>	<p><b>MR</b></p> <p><b>CB</b></p>

	<p>In terms of <i>Risk 1027 - Delivery of integrated community and acute unscheduled care services</i>; the Committee noted the significant levels of emergency demand, due to the broader impacts of COVID-19 and workforce deficits. Mrs Rayani updated the Committee on a number of steps taken to reshape services such as Same Day Emergency Care model and the Mental Health specific 111 telephone service however accepted that the impact will take time to be realised within the USC system and the Committee agreed that the risk requires immediate escalation to Board.</p> <p>Mrs Hardisty commented that a '111' and Out of Hours peer review meeting is scheduled for 11<sup>th</sup> July 2022 and feedback will be provided to QSEC.</p>	<b>MR</b>
	<p>The Committee <b>RECEIVED LIMITED ASSURANCE</b> that the Health Board is managing the Corporate Risks as effectively as possible.</p>	

<b>QSEC (22) 56</b>	<p><b>QUALITY AND ASSURANCE REPORT</b></p> <p>The Committee received the Quality and Assurance report particularly noting the update provided on falls improvement data, with the Quality Improvement Team tasked with producing a collaborative falls framework in conjunction with key stakeholders for falls prevention.</p> <p>Ms Cathie Steele highlighted that Patient Safety Incidents where the harm is severe or catastrophic and those flagged by the Quality Assurance Information System (QAIS) Team are reviewed by the Patient Safety Team. For assurance adding that an Incident Management Group is arranged with the respective Triumvirate, which has been working well.</p> <p>With reference to the Nosocomial COVID-19 Infection's update, Ms Steele advised that the Health Board has commenced the required reporting to the NHS Wales Delivery Unit. Recovering patients with indeterminate nosocomial infection are now included in the review criteria hence the significant increase in reported data. Previously, QSEC have received the number of in-patients who test positive for COVID-19 within 28 days of their death. The figures in this report include the recovering patients as well as deceased patients which has increased the numbers reported.</p> <p>The Committee noted that unannounced Walkrounds have recommenced following a break due to COVID-19, and a forward scheduling programme has been agreed with Independent Members and Executive Director with a number of services recently visited.</p> <p>Prof Gammon provided positive feedback from a recent visit undertaken to Dewi Ward, GGH, highlighting that the nursing team had a clear awareness of the falls stats and communicated the challenges and mitigations in place. Prof Gammon commended the communication and transparency from the Junior Sister on the ward, who relayed a clear understanding of the quality and safety metrics in place. Mrs Rayani assured the Committee that during the Nurse Staffing Level reviews, a meeting is undertaken with the senior ward nurses and metrics are discussed habitually as part of the process.</p> <p>Prof Gammon enquired whether there are any specific concerns in regards to the Healthcare Inspectorate Wales (HIW) recommendations, actions and timelines provided within the Quality Assurance Report. In response Ms Steele advised that the volume of actions provided per recommendation does present challenges. Further adding that a number are service specific, with others</p>	
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	<p>covering a broad spectrum, whilst also highlighting the significance of ensuring that themes and trends are investigated for organisational improvement.</p> <p>Ms Alison Shakeshaft believed that the Walkrounds should be scheduled in advance with clinical staff out of courtesy and to provide clarity that the visits are not part of an inspection, due to the current clinical pressures.</p> <p>Ms Murphy provided feedback from a recent Walkrounds visit in Pembrokeshire and highlighted challenges for staff accessing Falls guidance online. Mrs Rayani assured Members that the challenges in accessing the Corporate Policy has been raised with the Director of Communications.</p>	
	<p>The Committee <b>RECEIVED ASSURANCE</b> from the Quality and Safety Assurance Report.</p>	

<p><b>QSEC</b> <b>(22) 57</b></p>	<p><b>STROKE SERVICES PATHWAY UPDATE</b></p> <p>The Committee received the Stroke Services Pathway update and the Sentinel Stroke National Audit Programme (SSNAP) clinical audit performance data which is collated monthly. Ms Shakeshaft commended the staff working within Stroke Pathway services who have worked tremendously hard during a challenging period and informed Members that pathway redesign and investment is required for service improvement. The pathway redesign developments were halted due to COVID-19, and have now recommenced with the Carmarthen region arrangements being revised in the first instance. The Committee received an update on recent opening discussions with Swansea Bay University Health Board for limited HDdUHB population access to the Stroke Services Pathway in Morriston Hospital and an update will be provided when possible.</p> <p>The Committee noted that each of the Health Board's General Hospital's Stroke Units have a variation of pressures due to patient flow. Worthybush General Hospital (WGH) has seen an ongoing improvement in standards. One of the biggest challenges due to pressures is getting the patient to the stroke unit within the allotted time (Percentage of patients directly admitted to a stroke unit within 4 hours of clock start) however this does not take into consideration that the patient may be treated for stroke on immediate presentation. Ms Shakeshaft assured Members that the team are working to improve training opportunities for the On Call Teams on the CT scanner and stroke treatment, however as the service is heavily reliant on Locum Doctors and Agency staff, this is challenging on service capacity. Ms Shakeshaft also raised that HDdUHB is the only Health Board in Wales that does not provide psychological support for stroke patients as part of the pathway, which will be taken into consideration as part of the service redesign, through close working with the Stroke Association.</p> <p>Ms Shakeshaft advised that the team have been, at times, struggling to maintain the therapy input for the stroke patients due to sickness (through COVID-19), vacancies and recruitment, assuring Members that this has been recognised by the Heads of Therapy and staff have been moved to help with gaps however this has resulted in challenges in other services. Nursing staff are working very closely with the therapy team and will follow rehabilitation/therapy care plans.</p> <p>Recognising that the operational risks are being managed as much as possible, Ms Lewis, believed that the risks remain significant for the HDdUHB population and agreed to escalate for further discussion at Board.</p>	<p><b>AS</b></p>
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	The Committee <b>RECEIVED LIMITED ASSURANCE</b> that the service is addressing the risks associated with the delivery of stroke services, acknowledging that further actions still are required, which sit outside the ability of the service to progress independently.	
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<b>QSEC</b>	<b>MATERNITY SERVICES ACTION PLAN UPDATE</b>	
<b>(22)58</b>	<p>The Committee received the Maternity Services Update including the actions underway in response to the Health Board’s recommendations following the Ockenden Report, an update on the Community Health Council (CHC) Report and the Welsh Branch Royal College of Midwives (RCM) Staff Survey.</p> <p>Mrs Kathryn Greaves assured Members that All Health Boards were asked to benchmark their Maternity Service, led by the Maternity and Neonatal Network and Welsh Government. An All Wales Assurance Framework document was provided and the Health Board was asked to report by exception areas identified for improvement by 7<sup>th</sup> July 2022. The 7 Health Boards Maternity Services in Wales are attending a multidisciplinary workshop (each Health Board is taking a team of 10 key stakeholders) to review each other’s exception reports, to identify opportunities for learning and to commence the development of Quality Assurance Indicators of what good looks like to support benchmarking against standards.</p> <p>Mrs Hardisty noted concerns regarding the fragility in the consultant workforce and enquired whether discussions with the Advisory Appointment Committee to discuss opportunities for a more sustainable workforce could be considered. In response, Mrs Greaves updated Members on the national review of Maternity Services and medical requirements, advising that an update will be available in due course.</p> <p>The Committee noted thanks to Ms Greaves and requested a routine update to be scheduled as part of the QSEC Work Programme.</p>	<b>KG/MR</b>
	The Committee <b>RECEIVED ASSURANCE</b> on progress with the recommendations following the Benchmarking Exercise into Maternity Services across Wales.	

<b>QSEC</b>	<b>COMMISSIONING FOR QUALITY OUTCOMES REPORT</b>	
<b>(22) 59</b>	The Commissioning for Quality Outcomes Report was deferred to the next meeting scheduled for 9 <sup>th</sup> August 2022.	

<b>QSEC</b>	<b>PLANNING OBJECTIVES UPDATE REPORT</b>	
<b>(22) 60</b>	The Committee received the Planning Objectives update report, noting that <i>Planning Objective 1E; during 2022/23 roll out the processes developed in 2021/22 to maintain personalised contact with all patients currently waiting for elective care</i> , is on track with the Waiting List Support Service (WLSS) Team in a stable position. Members further noted the work underway with the Communication Hub and therapy service to develop seamless access	

	<p>pathways for patients to prehabilitation programmes and Education Programmes for patients.</p> <p>Mrs Rayani informed the Committee that an update on the development of the establishment of an implementation group to identify the actions required to respond to the emerging requirements of the Quality &amp; Engagement Act will be provided to the next QSEC meeting.</p> <p>The Committee noted the developments with <i>Planning Objective 5P, Develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards (LPS) legislation across the health board by 1st October 2023</i>, highlighting that Welsh Government has undertaken a national consultation process in regard to the LPS legislation and the HB has provided a response with the internal developments reliant on the national progress.</p> <p>The Committee <b>RECEIVED ASSURANCE</b> on the current position in regard to the progress of the Planning Objectives aligned to QSEC</p>	MR
<b>QSEC (22) 61</b>	<b>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE</b>	
	<p>The Committee received the OQSESC Update report from the meeting held on 10<sup>th</sup> May 2022. Mrs Hardisty requested that the escalation and update from the Physical Health Psychology services is omitted from the report as the service sits outside of the Health Board's remit.</p> <p>The Committee <b>NOTED</b> the content of the OQSESC Update report.</p>	
<b>QSEC (22)62</b>	<b>LISTENING AND LEARNING SUB-COMMITTEE</b>	
	<p>The Committee received the Listening and Learning Sub-Committee Report.</p> <p>The Committee <b>RECEIVED ASSURANCE</b> from the actions taken by the Sub-Committee to mitigate the risks are adequate.</p>	
<b>QSEC (22)63</b>	<b>STRATEGIC SAFEGUARDING WORKING GROUP</b>	
	<p>The Committee received the Strategic Safeguarding Working Group report and the key areas for consideration and Mrs Rayani reminded Members to undertake the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) National Training which has been developed for Strategic Leaders within Public Sector organisations.</p> <p>The Committee <b>RECEIVED ASSURANCE</b> that the actions taken by the Strategic Safeguarding Working Group to mitigate the risks are adequate.</p>	
<b>QSEC (22)64</b>	<b>QSEC ANNUAL WORK PROGRAMME 2022/23</b>	
	<p>The QSEC Annual Work Programme was circulated for information.</p>	
<b>QSEC (22) 65</b>	<b>WHSCC QUALITY AND PATIENT SAFETY COMMITTEE CHAIR'S REPORT, ANNUAL REPORT 2021/ 22 AND TERMS OF REFERENCE</b>	

	The WHSCC Quality And Patient Safety Committee Chair's Report, Annual Report 2021/ 22 and Terms Of Reference were circulated for information.	
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<b>QSEC (22)66</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next QSEC meeting is scheduled for 9.30am on 9 <sup>th</sup> August 2022.	