

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

Date and Time of Meeting:	9:30am, 8 th February 2022
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair) (VC)</p> <p>Mrs Judith Hardisty, Hywel Dda University Health Board (HDdUHB) Vice Chair (VC)</p> <p>Mr Paul Newman, Independent Member (VC)</p> <p>Ms Ann Murphy, Independent Member (VC)</p> <p>Ms Delyth Raynsford, Independent Member (VC)</p> <p>Professor John Gammon, Independent Member (VC)</p>
In Attendance:	<p>Professor Philip Kloer, Medical Director & Deputy Chief Executive</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience</p> <p>Mrs Joanne Wilson, Board Secretary (VC)</p> <p>Ms Sian Passey, Assistant Director of Nursing (VC)</p> <p>Ms Cathie Steele, Head of Quality and Governance (VC)</p> <p>Mr Keith Jones, Director of Secondary Care (VC)</p> <p>Ms Liz Wilson, Senior Nurse, Health Visiting Services (VC)</p> <p>Ms Lesley Hill, Senior Nurse, Health Visiting Services (VC)</p> <p>Dr Jo McCarthy, Deputy Director of Public Health (VC)</p> <p>Mr Paul Smith, Service Delivery Manager, Unscheduled Care Services (VC)</p> <p>Mr Lance Reed, Clinical Director of Therapy Services (VC)</p> <p>Mr Ian Bebb, Clinical Audit Manager (VC)</p> <p>Ms Jenny Pugh Jones, Head of Medicines Management (VC)</p> <p>Dr Subhamay Ghosh, Associate Medical Director for Quality and Safety (VC)</p> <p>Mr Sam Dentten, Community Health Council (VC)</p> <p>Dr Barbara Wilson, Community Health Council (VC)</p> <p>Ms Bethan Lewis, Interim Assistant Director of Public Health (VC)</p> <p>Mr John Evans, Assistant Director, Medical Directorate (VC)</p> <p>Ms Karen Richardson, Corporate Partnership and Governance Officer (VC)</p> <p>Ms Katie Lewis, Committee Services Officer (Secretariat)</p> <p>Ms Louise O'Connor, Assistant Director (Legal and Patient Support) (VC)</p>

QSEC (22) 01	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:	
	<p>Mr Andrew Carruthers, Director of Operations (VC)</p> <p>Ms Maria Battle, Chair, HDdUHB</p> <p>Ms Alison Shakeshaft, Director of Therapies and Health Science</p>	

QSEC (22) 02	DECLARATIONS OF INTERESTS	
	There were no declarations of interests.	

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QSEC 22 (03)	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 7th DECEMBER 2021	
	RESOLVED - that the minutes of the meeting held on 7 th December 2021 be approved as an accurate record.	

QSEC (22) 04	TABLE OF ACTIONS FROM THE MEETING HELD ON 7th DECEMBER 2021	
	<p>An update was provided on the Table of Actions from the meeting held on 7th December 2021, with the following noted:</p> <ul style="list-style-type: none"> • QSEC (21) 132: Stroke Services Nurse Staffing Requirements: Mrs Mandy Rayani informed Members that the Sentinel Stroke National Audit Programme (SSNAP) data will be shared once the report has been released. • QSEC (21)110: Strategic Log for Paediatric Risks: In response to a query from Mrs Lewis, Mrs Louise O'Connor confirmed that thematic claims would be included within the end of year update on high-cost compensatory claims as part of the Quality and Assurance Report to QSEC in April 2022. 	

QSEC (22) 05	PATIENT STORY- HEALTH VISITING SERVICES	
	<p>The Committee received a reflective account from Ms Lesley Hill on behalf of a Health Visitor colleague undertaking a voluntary weekend clinic in Bronglais General Hospital (BGH), Aberystwyth. Ms Hill advised that her colleague supported a 15-month-old child whose family had recently relocated to the area from overseas. The mother had expressed concerns regarding the child's inability to eat solids and following examination the Health Visitor contacted the GP to arrange an appointment at the surgery. The Health Visitor staffing challenges within the Ceredigion area, the numerous functions of the Health Visitor role and the risks encountered during the current workforce pressures were highlighted within the reflective account.</p>	
	The Committee NOTED the Health Visiting Services Patient Story.	

QSEC (22) 06	HEALTH VISITING SERVICE DEEP DIVE REPORT	
	<p>The Committee received a Deep Dive Report from the Health Visiting Service. Ms Bethan Lewis provided an overview of the significant challenges within the services in particular the workforce pressures in Pembrokeshire and Ceredigion, partly due to recruitment challenges and the current age profile of the majority of staff. Members were informed that the service has met recently with the Quality Panel to raise awareness of these challenges and are undertaking actions to mitigate the current risks.</p> <p>Members received an overview of the Healthy Child Wales Programme (HCWP) and the expectation communicated from the Chief Medical Officer for Wales that all health boards offer the full range of services within the programme. Due to the current workforce challenges, Ms Liz Wilson acknowledged the significant risk of non-compliance with the delivery of the</p>	

programme. Ms Wilson provided an update on the service control measures in place to mitigate the risks such as the development of the skill mix teams and a 'grow your own model', in addition to collaboration with other services across the Board. The Health Visiting Service is also working with the Workforce and Organisational Development team and partner Universities to explore recruitment opportunities. Due to forthcoming planned retirements, by March 2022 it is anticipated there will be a 62% staffing deficit in Ceredigion. In order to mitigate this, community clinics are being arranged.

Ms Lewis expressed thanks on behalf of the Committee for providing a succinct presentation outlining the current challenges within the Health Visiting service. Members recognised the significant work undertaken by the operational staff involved to mitigate these risks and acknowledged the need for strategic planning to address these.

Ms Delyth Raynsford, whilst commending the exploration of cross county working to mitigate the pressures within the service, enquired whether collaborative working with third sector services has been explored as a means to support parts of the service delivery for the most vulnerable members of the community. In response, Ms Hill advised that third sector services are also experiencing significant challenges, although for assurance options are being explored, including collaborative working with Occupational Therapy colleagues.

Mrs Judith Hardisty echoed Ms Lewis's comments whilst expressing concern regarding the delay in escalating the significant challenges in the service to QSEC and the Board. Mrs Hardisty requested assurance that there is a holistic approach in place for children's services within the Health Board and enquired whether similar workforce challenges are being experienced in neighbouring Health Boards, reinforcing the need for a strategic approach to be considered.

In response to the concerns raised, Mrs Rayani provided some contextual understanding, informing Members of the leadership restructure within the service. The interim appointment of Ms Bethan Lewis, Assistant Director of Public Health, has strengthened the professional leadership within the team and Ms Wilson and Ms Hill have been a credit to the service in terms of creative operational planning. Mrs Rayani undertook to liaise with Mr Andrew Carruthers, Director of Operations, regarding a longer term strategy to strengthen the holistic approach between the Health Board and the third sector for children's and young people's services.

Ms Lewis assured Members that discussions have taken place regarding Health Visitor representation on the Regional Children and Young Peoples (CYP) Working Group which has evolved into a transformational space for CYP services and attendance at the meetings will raise awareness of the challenges within the Health Visiting service and increase collaborative working. Ms Lewis undertook to raise the prospect of cross border working arrangements and utilising the skill mix set of staff as much as possible to support the service and agreed to liaise with Mr Peter Skitt, Ceredigion County Director, to explore the opportunities involved.

Mr Sam Dentten expressed concern regarding the high caseload per Health Visitor, noting that this is significantly higher than national guidance. In addition, Mr Dentten advised that the CHC has received feedback from local maternity

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focus groups on delays experienced with Health Visiting Services and enquired whether the impact on families is being reviewed. In response, Ms Wilson informed Members that questionnaires are issued during home visits and clinics in order to gain patient feedback. In terms of delays, families are provided with a dedicated contact number and the team is utilising the 'Attend Anywhere' virtual appointment app as much as possible. Further to this, the service is working with the Patient Experience Team to utilise the data for learning outcomes.

Mr Dentten further advised that the Health Board website is not up to date, emphasising the importance of displaying accurate information to the public, in particular parents who may be isolated, which could assist the service in managing the current pressures. Ms Wilson undertook to raise this with the Communications Team.

**Liz
Wilson**

Referring to the number of escalations of the challenges within the service referenced within the report, Professor John Gammon requested clarity on the rationale for these concerns not being presented to QSEC previously. Ms Hill advised that the service had been in discussion with University partners to increase the numbers of students and placements, however this approach has not been as successful as anticipated.

Prof Gammon commended the work undertaken by the team in relation to the mitigations in place in order to improve the quality and care for patients. Whilst the short term collaborative remodelling to support the service is reassuring, Prof. Gammon emphasised the need to establish longer term planning, suggesting a future workforce planning model should be presented to the People, Organisational Development and Culture Committee.

BL/ LG

In order to provide assurance, Mrs Rayani advised that these challenges have been escalated at a national level to the Chief Nursing Officer who has agreed to nationally support the skill mix strategy to maximise workforce capacity.

Mr Dentten enquired whether data is available on unfulfilled visits as a result of the pressures to serve as a monitoring tool. Ms Wilson confirmed that a quarterly report is provided to Healthcare Inspectorate Wales (HIW) in addition to internal audit data, and provided assurance that a deep dive is undertaken for any missed visits. Ms Wilson noted that the current pressures in Ceredigion have made the data reporting challenging, however a Senior Nurse within the Quality Assurance team is currently undertaking a caseload review to ascertain outstanding visits that require prioritisation.

Ms Jill Paterson commented that that Health Visiting is a significant element of the Primary Care Multi-Disciplinary Team and noted the potential benefits of broadening the relationship with GP colleagues to support the service. Ms Paterson suggested that Ms Lewis and colleagues attend the Local Medical Committee to raise awareness and strengthen the partnership with Locality leads.

Mr Paul Newman emphasised that a significant part of the Health Board's strategy is predicated on the delivery of increased care in the community and questioned its deliverability in light of the current challenges. In response, Professor Philip Kloer acknowledged the significant challenges in the provision of community and primary care and the investment in early years services. Prof

	<p>Kloer echoed the significance of ingenuity in future planning which will involve working with third sector partners and the aspiration of skill mix roles to enhance the provision of services.</p> <p>Given the residual risks within the service, it was agreed that only limited assurance could be received from the Health Visiting Services report. Mrs Lewis proposed that the concerns raised be escalated to Board, via the QSEC update report. In addition, it was proposed that a further update be provided to QSEC in August 2022 to include an overview of staffing levels following the anticipated deficit in March 2022.</p>	BL/KL
	<p>The Committee NOTED the:</p> <ul style="list-style-type: none"> • Deep dive into the Health Visiting service with Senior Managers to identify any further control measures and improvements to provide a safe service; • Implementation of the recommendations from the Quality Panel with Clinical Executives and the work underway to mitigate risk to staffing vacancies within the Health Visiting service. <p>The Committee RECEIVED LIMITED ASSURANCE from the mitigating actions in place in terms of the residual risks for the workforce and patients.</p>	

QSEC (22) 07	CORPORATE RISKS ASSIGNED TO QSEC	
	<p>The Committee received the Corporate Risks assigned to QSEC report with the following raised during discussion:</p> <ul style="list-style-type: none"> • <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> Members enquired whether the associated reputational risk is within the responsibility of the Committee. Mrs Joanne Wilson advised that due to the associated quality and safety issues, the Board has requested this risk be assigned to QSEC for oversight purposes. • <i>Risk 628 - Fragility of therapy provision across acute, community and primary care services.</i> Members expressed concern regarding the rationale for the de-escalation of this risk which stated that this was due to a number of services experiencing similar challenges due staffing deficits and therefore not being an outlier, and the way this is described in the SBAR not being appropriate. It was emphasised that the risk to patient quality and safety is not reduced due to this wider context and JW undertook to ensure the minutes reflected the aforementioned. For clarity, Mrs Wilson advised that Risk 628 was included on the Corporate Risk Register at a point in time when workforce challenges significantly compromised service delivery. Following the monthly review at the Executive Risk Meeting, it was agreed that given that this position has improved, it met the criteria for de-escalation to the Directorate Risk Register • <i>Risk 1032 - Delivery of Q3/4 Operating Plan - Timely access to assessment and diagnosis for Mental Health and Learning Disabilities clients:</i> Referring to the Integrated Care Funding (ICF), Mrs Hardisty commented that this funding is to some extent provided by Welsh Government and overseen by the Regional Partnership Board, and clarifying that ICF funding is provided in order to trial new models 	JW

	<p>of practice and where improvements are realised, the service should explore options to continue with a particular model.</p> <ul style="list-style-type: none"> • Risk 684 - Lack of agreed replacement programme for radiology equipment across the Health Board: Noting the secured funding for two scanners, Members queried the rationale for not de-escalating this risk. Mr Keith Jones advised that it had been agreed to keep the risk score the same given that business disruption will not reduce and the benefits will not be realised until the new scanners are operational. 	
	<p>The Committee RECEIVED ASSURANCE that all identified controls are in place and working effectively, all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises</p>	

QSEC (22) 08	OPERATIONAL RISKS ASSIGNED TO QSEC	
	<p>No report received given that the previously reported Operational Risks Assigned to QSEC have been de-escalated to the Operational Quality and Safety Experience Sub-Committee (OQSESC).</p>	

QSEC (22) 09	LLWYNHENDY TUBERCULOSIS (TB) REVIEW UPDATE	
	<p>The Committee received an update in regard to the Llwynhendy TB Review. Dr Jo McCarthy provided the background to the TB outbreak in Llwynhendy which had been declared twelve years previously and has since reopened three times. It was noted that the initial case became ill in late 2009 and was diagnosed with active TB in 2010. Screening of household members revealed additional cases, and 14 social contacts of the index case also tested positive. Multiple cases were subsequently identified through onward transmission. There were no new cases between 2015 and early 2018, however the outbreak was re-opened for a final time in November 2018 when new cases of TB had been identified with the same strain linking them to the Llwynhendy TB outbreak, with a number of associated deaths.</p> <p>Dr McCarthy highlighted the complexities of the outbreak and the high number of contacts involved and informed Members of the extensive screening programme in operation and the planned commissioned external review into the processes and practices in place.</p> <p>It was noted that the screening and vaccination programme has now resumed, with all children who had been due to attend Bacillus Calmette-Guérin (BCG) vaccine clinics at the start of lockdown in March 2020 contacted for rescreening and BCG. Additionally, those who previously did not attend for screening have received further invites, and continue to do so. Dr McCarthy informed Members that for anyone who has not taken up the invitation for screening and is subsequently admitted to hospital, this is recorded on their hospital record.</p> <p>Mr John Evans provided the Committee with an update on the commissioned external review, which is anticipated for May 2022. Whilst the interim findings had been expected to be available in February 2022, due to COVID-19 related issues there will be a slight delay in the release of the report. Mr Evans advised that the external reviewers will undertake local visits to Llwynhendy and will provide recommendations in regard to IT and Information Governance.</p>	

	<p>Mrs Hardisty enquired whether the management of the TB outbreak in Llwynhendy will provide opportunities for learning in the event of any other future infectious disease outbreaks. Prof Kloer explained that TB is unusual in the way it is transmitted from other infectious diseases however, any opportunities to learn from the outbreak will be taken forward. Dr McCarthy confirmed that learning outcomes from the initial communication with the public and key contacts has been identified. Members noted that learning from the outbreak may be of interest to other communities across the UK in light of the complexities involved.</p> <p>Ms Lewis welcomed the update providing a level of assurance to Committee Members.</p>	
	<p>The Committee were ASSURED by the actions being undertaken to ensure the outbreak is responded to appropriately, and from information around the preparation for the external review.</p> <p>The Committee NOTED that a further update will be presented to QSEC once the outbreak has been closed, the external review report received or in 6 months' time - whichever is soonest.</p>	<p>KL/JM</p>

<p>QSEC (22) 10</p>	<p>Cardiac Services Pathway Delays</p> <p>The Committee received an update on the Cardiac Services pathway delays. Mr Paul Smith outlined the combination of factors affecting delays within the service, such as the referral from Hywel Dda University Health Board (HDdUHB) to Swansea Bay University Health Board (SBUHB) and Cardiac Catheter Laboratory capacity constraints at Morrison Hospital. It was noted that this is further compounded by transport and logistical challenges in transferring patients in a timely manner, particularly from Withybush General Hospital (WGH) and BGH. Delayed Non- ST Elevation Myocardial Infarction (NSTEMI) treatments are associated with the potential risk for significant adverse clinical outcomes for patients, increased length of stay, increased risk of exposure to hospital acquired infection/risks and impaired patient flow into Morriston Hospital, resulting in cardiology/unscheduled care flow pressures within HDdUHB acute sites. NSTEMI pathway delays are also resulting in reduced patient experience.</p> <p>Mr Smith advised that the National Institute for Health and Care Excellence (NICE) guidelines recommends an NSTEMI pathway of no more than 72 hours – i.e. 'coronary angiography within 72 hours of first admission (presentation) for people with unstable angina or NSTEMI who have an intermediate or higher risk of adverse cardiovascular events' (Recommendation 1.1.6). Mrs Hardisty enquired whether the 72 hour pathway guideline is achievable given the challenges within the infrastructure. Whilst acknowledging Mrs Hardisty's concerns, Mr Smith provided assurance due to the advancement in processes and increased availability of data, in addition to ongoing discussions with the Welsh Ambulance Service Trust (WAST) to improve timely access to transport. Mr Smith emphasised the benefits of the 7-day a week service in SBUHB which is currently being explored through the development of a business case. Members noted the complexities in the infrastructure and the prospect that this may change in the future.</p>	
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	<p>Prof Kloer commented on the development of the Treat and Repatriate programme which had been delayed due to the COVID-19 pandemic, noting that the business case will be fundamental in improving timely access to services. Whilst the geographical inequity of the pathway is recognised, the development of the Treat and Repatriate service is expected to reduce this inequity. Given the current pressures, Prof Kloer undertook to clarify with the Commissioning team whether external providers have been contacted to support the service and an update on progress will be included within the next Commissioning for Quality Report to QSEC.</p> <p>Ms Anna Lewis enquired as to the further measures required in order to reduce delays within the current infrastructure. In response, Prof Kloer and Mrs Rayani agreed to raise the performance targets as part of A Regional Collaboration for Health' (ARCH) arrangements with SBUHB in order to receive assurance on the ring-fenced bed capacity within the service. In addition, Mrs Rayani understood that the Cardiology Transformation Group is reviewing known harm to patients due to any delays in the pathway access and undertook to provide QSEC with an update relating to patient experience.</p> <p>Whilst the Committee noted the longer term strategic work underway to improve timely access to the Cardiac Services pathway, it was agreed that only limited assurance could be received given the current gaps in controls.</p> <p>The Committee received LIMITED ASSURANCE by the mitigating actions in place in respect of Cardiac Services Pathway Delays.</p>	<p>PK/ SA</p> <p>MR/ PK</p> <p>MR</p>
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<p>QSEC (22) 11</p>	<p>UPDATE ON THE REVIEW OF NOSOCOMIAL COVID-19 INFECTIONS</p> <p>The Committee received an update on the review of Nosocomial COVID-19 infections. Ms Cathie Steele provided an update on the current rate of infections and advised Members on the progress of early learning from the identified themes and reviews.</p> <p>Ms Steele outlined the observations from the third wave of the COVID-19 outbreaks which have been successfully contained to bays or parts of wards rather than the whole ward becoming affected.</p> <p>The Committee noted that planning is underway to contact patients and next of kin as part of the review process, which is dependent on Welsh Government funding. Mrs Rayani assured Members that the national funding allocation of £4.2 million has been confirmed, £0.5 million of which will be allocated to central government for family advocacy services. The specific health board funding allocation should be available imminently and the Health Board will embark on the attendant recruitment process as soon as possible.</p> <p>Mr Newman enquired whether data is available on patients who are experiencing the long-term effects of COVID-19 and Mr Lance Reed responded that this information is currently being collated.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the information provided within the Update on the Review of Nosocomial COVID-19 Infections Report. 	
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	<ul style="list-style-type: none"> • RECEIVED ASSURANCE that the Health Board is reviewing all cases where nosocomial COVID-19 infection is suspected and taking action to address areas for learning and improvement. • RECEIVED ASSURANCE that the Health Board has systems and processes in place to respond to, and monitor, emerging trends and issues associated with COVID-19. 	
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QSEC (22)12	<p>LONG COVID- 19 PATIENT PATHWAY</p> <p>The Committee received an overview of the Long COVID-19 Patient Pathway within the Health Board following the decision from Welsh Government for targeted support for Post COVID-19 syndrome (Long COVID).</p> <p>Mr Reed informed Members of the two pathways developed as part of the service model; the first sign-posting patients to community based rehabilitation programmes and the second a more targeted intervention specifically tailored according to the various symptoms. Members noted that the second pathway commenced at the end of September 2021. Between the end of September 2021 and 31st January 2022, 163 referrals were made to the service. Mr Reed provided an overview of the symptoms detailed within the NICE guidelines relating to Long COVID-19 such as fatigue, breathlessness, psychological effects and some symptoms similar to Post Traumatic Stress Disorder.</p> <p>Mr Reed advised that across Wales, service demand has predominantly been from individuals with pre-disposing conditions and aged between 40-60 years old. Mr Reed added that ongoing funding for the Long COVID-19 Pathway is anticipated by WG.</p> <p>Members were pleased to note the use of the Patient Reported Outcome Measures (PROMS) system as part of the pathway.</p> <p>Prof Gammon enquired whether the proposed pathway model will be assessed and challenged in terms of efficacy. In response, Mr Reed advised that patients are assessed as part of the Doctor programme. The pathway referral is based on presentation and review, and patients are actively monitored from a digital perspective. The outcomes are compared nationally as well as Health Board specific, therefore the data is continuously monitored. The Committee welcomed the outcome data and requested that this be presented at a future QSEC meeting.</p> <p>Mrs Hardisty questioned whether analysis is taking place in terms of those who contract COVID-19 and those experiencing Long COVID-19 symptoms. Referring to data from the Office for National Statistics, Mr Reed advised that 1 in 10 individuals who contract COVID-19 will go on to display Long COVID-19 symptoms. Mr Reed acknowledged that further local analysis is required to support future service delivery planning.</p> <p>Mr Reed further advised that the programme is not expected to support all who have COVID-19 symptoms, stating that community based programmes and guidance for self-management will be made available. The Long COVID-19 Pathway will target those with the more complex needs and it is anticipated that where funding is extended for the service, GPs will be included within the service model in order to provide direct support for patients.</p> <p>The Committee welcomed the update on the Long COVID-19 Pathway and requested that a further update be provided to QSEC on the outcome data in 6 months' time.</p>	LR/KL
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	The Committee NOTED the contents of the Long COVID -19 Patient Pathway Report.	
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QSEC (22) 13	QUALITY AND SAFETY ASSURANCE REPORT	
	<p>The Committee received the Quality and Safety Assurance Report. Ms Steele updated Members on the revised process for HIW reports and recommendations. Members were informed that the Quality and Assurance team will co-ordinate the process going forward and noted their appreciation for the support provided by the Risk and Assurance Team in implementing the process.</p> <p>The Committee requested an update on the outstanding Welsh Health Circulars (WHC) and the priority of these notices within services, and were informed that the WHCs are assigned to corporate teams and that the performance is monitored and reported annually to the Audit and Risk Assurance Committee.</p> <p>Mrs Hardisty queried whether analysis should take place for specific Red Status WHCs and whether these are out of date in terms of the quality and safety impact. Ms Steele suggested requesting an update from Directorates at Operational Quality, Safety & Experience Sub-Committee (OQSESC) on outstanding WHCs which was agreed by the Committee.</p>	KL/SP
	<p>The Committee RECEIVED ASSURANCE that processes are in place to review and monitor patient safety highlighted through incident reporting and patient experience highlighted through external inspections</p> <p>The Committee received ASSURANCE from the improvement work outlined in the report.</p>	

QSEC (22)14	CLINICAL AUDIT UPDATE	
	<p>The Committee received the Clinical Audit Update. Mr Ian Bebb informed Members that due to system pressures on clinical teams there has been a reduction in audit activity, however core activity has been maintained. Mr Bebb referred to recruitment challenges within the team however advised of the acquisition of new software and relevant training for staff which will enable the redesign of accessible audit.</p> <p>Mr Bebb further informed Members that the National Programme, which had been stood down at the start of the COVID-19 pandemic, resumed in May 2021 and that 88% of projects are being complied with, despite the current pressures. Mr Bebb updated Members on the positive encounters with services and the shared learning taking place, acknowledging the positive feedback received during meetings.</p> <p>The Committee noted that the Director of Nursing, Quality and Patient Experience is working with the Clinical Audit Manager and the Assistant Director (Legal and Patient Support) regarding learning relating to claims against the Health Board and linking the learning outcomes to quality improvement initiatives.</p>	
	The Committee NOTED the Clinical Audit Update.	

QSEC (22) 15	LISTENING AND LEARNING SUB-COMMITTEE UPDATE AND REVISED TERMS OF REFERENCE	
	<p>The Committee received the Listening and Learning Sub-Committee Update Report and Revised Terms of Reference for QSEC approval.</p> <p>In response to the concerns raised by the Sub-Committee in regard to the ICF/Pilot funding, it was agreed to pass these on to Mr Carruthers. Mrs Hardisty reminded Members of her previous comment earlier in the meeting on the rationale for these programs.</p> <p>Ms Anne Murphy noted the patient experience stories and highlighted the significance of patients having the option of additional support when attending clinical appointments in order to help understand and recall information.</p> <p>Members discussed the outcome of a legal case whereby the Health Board had been found to have acted unlawfully after removing a visual monitor from the community against clinical advice. It was highlighted as part of the legal case that consideration of visual monitors, in any setting, should be subject to a best interests discussion, for any patient who lacks capacity. Ms Murphy raised the significance of learning from these events and Ms Louise O'Connor agreed to raise this as part of the patient experience update planned for the next Mental Health Legislation Committee meeting. In regard to the range of visual monitoring systems in place and their associated risks, Ms Louise O'Connor agreed to provide a report to the next QSEC meeting in terms of risk mitigation.</p>	<p>LOC</p> <p>LOC</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • APPROVED the Listening and Learning Sub-Committee Terms of Reference. • RECEIVED ASSURANCE from the actions taking place by the Listening and Learning Sub-Committee. 	

QSEC (22)16	OQSESC UPDATE REPORT	
	<p>The Committee received the OQSESC update report.</p> <p>Ms Sian Passey highlighted the progress of the Acute Kidney Injury bundle received from the Health Board RRAILS Group. As the bundle was not found to be as useful as hoped for within services, it was agreed that the development of an interactive dashboard may be more beneficial going forward. An update will be provided at the next RRAILS Group meeting regarding timelines and monitoring of the dashboard.</p> <p>Ms Passey advised that OQSESC received an update on the use of the sepsis bundle and noted the auditing tools in place to monitor and address missed cases.</p> <p>It was noted that the Chair of the Medical Devices Group had raised concerns from their meeting in regard to the Lifting Operations and Lifting Equipment Regulations (LOLER) and compliance with the servicing of equipment. The Medical Devices Group undertook to ascertain whether there is data available on harm caused due to this non-compliance.</p> <p>Ms Passey advised of a common theme emanating from the Service Exception Reports to OQSESC, relating to workforce pressures across the Health Board. However, the Sub-Committee received assurances that services reporting</p>	

	<p>these pressures are engaging with the Workforce and Organisational Development Directorate to maximise recruitment and current workforce opportunities.</p> <p>Ms Passey reported an increase in Medical Emergency Team (MET) calls on Ward 4 in WGH which had been escalated by the team involved, explaining that an external review is taking place with an update scheduled for the next meeting.</p> <p>Ms Lewis requested an update on the Audit Wales governance arrangements recommendations. In response, Mrs Rayani advised that an integrated approach to governance has been recognised. In response to the recommendations, Mr Carruthers has met with the Board Secretary to discuss and redesign the operational structure, and the management response has been updated to provide clear timescales. For assurance, the new operational group is due to commence at the end of February 2022 and it was agreed to provide a progress report on the recommendations at the next QSEC meeting in April 2022.</p>	MR/ AC/ JW
	<p>The Committee NOTED the OQSESC Update Report.</p>	

QSEC (22)17	MEDICINES MANAGEMENT OPTIMISATION GROUP (MMOG) UPDATE REPORT	
	<p>The Committee received the MMOG update report noting the update from the Chronic Pain Pharmacy Team which had been established in September 2020. It was noted that the team works closely with Chronic Pain Services in supporting complex patients with their pain management.</p> <p>Ms Jenny Pugh-Jones advised that the Health Board is working to reduce opioid usage within the region. Medication reviews of complex patients are undertaken and treatment plans established to reduce the level of analgesia, supporting the patient and working with GPs in the community. It was noted that HDdUHB has the highest level of opioid usage across Wales and whilst there has been a steady reduction in the opioid burden, following the establishment of a focused team across the Health Board in the past few years, there remains significant work to be progressed.</p> <p>Members were informed of the advances in treatments relating to COVID-19, such as the treatment option of a Neutralising Monoclonal Antibody (nMAB) which was first established for in-patients who had a diagnosis of COVID-19, were symptomatic and showing signs of deterioration based on clinical trial outcomes.</p> <p>Ms Pugh-Jones provided an update on the safe transfer and safekeeping of controlled drugs whilst undertaking clinics on non-Health Board premises, informing Members that a process has been developed, together with a Standard Operating Procedure, to support access to controlled drugs.</p> <p>Mr Dentten questioned whether the use of opioid for pain management is a national issue or whether there is an unmet need within the Health Board. In response, Ms Pugh Jones confirmed that this is a national issue however there is higher usage in certain areas of the Health Board such as Llanelli.</p>	

The Committee **NOTED** the MMOG Update Report and **RECEIVED ASSURANCE** by the mitigating actions in place.

QSEC (22)18	EFFECTIVE CLINICAL PRACTICE ADVISORY PANEL REPORT	
	<p>The Committee received the Effective Clinical Practice Advisory Panel Group Report and noted that a Clinical Director for Effective Clinical Practice has recently been appointed and will oversee Effective Clinical Practice across the Health Board.</p> <p>Dr Subhamay Ghosh advised that the Health Board has been successful in receiving funding for a new governance software called AMat that facilitates the tracking and management of clinical audit, clinical guidelines and ward level audit.</p> <p>Dr Ghosh further advised that the Royal College of Physicians (RCP) visited BGH in 2020, and whilst the Health Board received a positive report, it recommended areas for further consideration, adding that an action plan has been developed to explore the findings involved.</p> <p>Dr Ghosh informed Members of the attendance challenges at the NICE and National Guidance Group, with it agreed that a comprehensive review of the Terms of Reference (ToR) would be necessary in conjunction with the Medical Director as the Executive Lead. Following a discussion at the previous Group meeting the current ToRs were not deemed fit for purpose and it has been agreed that the group will reconfigure with a revised ToRs under the ownership of the Quality and Governance Groups that are in development by the Director of Operations.</p> <p>Dr Ghosh advised that Mr Yeung Ng, Consultant Urologist, has been appointed to chair the Clinical Written Control Documentation Group.</p>	
	The Committee RECEIVED ASSURANCE from the Effective Clinical Practice Advisory Panel update report.	

QSEC (22)19	PLANNING OBJECTIVES ASSIGNED TO QSEC	
	<p>The Committee received an update on the Planning Objectives assigned to QSEC.</p> <p>In regard to Planning Objective 1E, Mrs Rayani confirmed that the Ear, Nose and Throat patients (ENT), Hip, and Knee surgery patients, have been issued with letters inviting them to contact the Waiting List Support Service and the Patient Advice and Liaison Service are in the process of contacting ENT patients to evaluate their experience of the service. Stage 4 Orthopaedic patients are also in the process of being contacted and patient experience is being captured via the PROMS system.</p>	
	The Committee RECEIVED ASSURANCE on the current position in terms of the Planning Objectives assigned to QSEC.	

QSEC (22)20	HEALTHCARE INSPECTORATE WALES (HIW) ACTIVITY UPDATE	
	Members received the HIW Activity Update report for information.	

QSEC (22) 21	QSEC WORK PROGRAMMES 2021/ 22 AND 2022/ 23	
	The Committee received the QSEC Work Programmes 2021/22 and 2022/23	

QSEC (22) 22	MATTERS FOR URGENT ATTENTION	
	No matters for urgent attention were raised by the Committee.	

QSEC (22)23	Date of Next Meeting	
	The date of the next QSEC meeting is scheduled for 9:30am, 12 th April 2022.	