

COFNODION CYMERADWY 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, 9 th August 2022
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair)</p> <p>Ms Delyth Raynsford, Independent Member (Committee Vice Chair) (VC)</p> <p>Mrs Judith Hardisty, Hywel Dda University Health Board (HDdUHB) Vice Chair</p> <p>Mr Paul Newman, Independent Member (VC)</p> <p>Ms Ann Murphy, Independent Member (VC)</p>
In Attendance:	<p>Ms Alison Bishop, Unscheduled Care Lead</p> <p>Ms Alison Shakeshaft, Director of Therapies and Health Science</p> <p>Mr Andrew Carruthers, Director of Operations</p> <p>Ms Anne Simpson, Head of Strategic Commissioning</p> <p>Ms Bethan Andrews, Service Delivery Manager</p> <p>Ms Caroline Burgin, Patient Safety and Assurance Manager</p> <p>Ms Cathie Steele, Head of Quality and Governance</p> <p>Mr Daniel Warm, Head of Planning</p> <p>Ms Donna Coleman, Hywel Dda Community Health Council</p> <p>Dr Helen Munro, Consultant in Sexual Health Deputising on behalf of Dr Subhamay Ghosh</p> <p>Mr Ian Bebb, Clinical Audit Manager</p> <p>Ms Jenny Pugh Jones, Clinical Director of Pharmacies and Medicines Management</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care</p> <p>Dr Joanne McCarthy, Deputy Director of Public Health</p> <p>Ms Kathryn Greaves, Head of Midwifery</p> <p>Mr Keith Jones, Assistant Director of Secondary Care Services</p> <p>Mr Lee Davies, Executive Director of Strategic Development and Operational Planning</p> <p>Mrs Louise O'Connor, Assistant Director Legal and Patient Support</p> <p>Ms Mandy Nichols Davies, Head of Safeguarding Services</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience</p> <p>Prof Philip Kloer, Medical Director</p> <p>Ms Rebecca Clement, General Graduate Manager, Public Health Wales (Observing)</p> <p>Ms Rhian Matthews, Integrated System Director</p> <p>Mrs Sian Passey, Director of Nursing, Quality & Patient Experience Acute Operational Services</p> <p>Mr William Oliver, Assistant Director of Therapies and Health Science</p> <p>Miss Katie Lewis, Committee Services Officer (Secretariat)</p>

QSEC (22) 67	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:	

	<ul style="list-style-type: none"> • Mr Subhamay Ghosh, Associate Medical Director for Quality and Safety • Dr Barbara Wilson, Hywel Dda University Health Board Community Health Council 	
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QSEC (22) 68	DECLARATIONS OF INTERESTS	
	There were no declarations of interests.	

QSEC (22) 69	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 22nd June 2022	
	<p>RESOLVED - that the minutes of the meeting held on 22nd June 2022 be approved as an accurate record pending the following amendment:</p> <ul style="list-style-type: none"> • Ms Alison Shakeshaft clarified that the update provided on Stroke Services (page 8) was provided by Ms Bethan Andrews. 	CSO

QSEC (22) 70	TABLE OF ACTIONS FROM THE MEETING HELD ON 22nd JUNE 2022	
	<p>QSEC (22) 52: Welsh Health Specialised Services Committee (WHSCC) Update on the Children and Young People's Mental Health Services (CAHMS) Tier 4 Pathway: Mrs Mandy Rayani advised the Committee that the Director of Mental Health is undertaking a piece of work to understand why the Health Board's element of the Tier 4 pathway is taking longer in comparison to other Health Boards and that an update will be scheduled for QSEC. As the Health Board's Independent Member representative at the WHSCC joint Committee, Mrs Delyth Raynsford provided an update on monthly meetings concerning the escalation of services and the recruitment to key posts within the commissioned Tier 4 services. A recent patient engagement process has been completed and WHSCC's Director of Nursing and Quality would welcome an invitation to provide an update on the service developments if required.</p> <p>QSEC (22) 55: Corporate Risks Assigned To QSEC: With reference to the waiting lists for Autism Spectrum Disorder (ASD) assessments, Mr Paul Newman relayed recent discussions at Public Board which implied that the position for assessments is likely to deteriorate further over the next two years and suggested that urgent action is required to address the problem. Mrs Rayani assured the Committee that the Mental Health Services team are undertaking a piece of work to analyse data and make the impact on the population more visible and an update will be scheduled for a future QSEC. Mrs Judith Hardisty fed back to the Committee that assurance has been received from the Director of Operations that a separate business case for the ASD Assessment service is being progressed, with a trajectory for improvement in the process of being developed.</p> <p>QSEC 22 (55): To provide QSEC with the outcome and feedback from the a '111' and Out of Hours peer review meeting which is scheduled for 11th July 2022: Mrs Rayani informed Members of the '111' and out of hours national IT system outage due to a cyber-attack, which is expected to be ongoing for longer than originally advised, with work underway at a national and regional level to address the problem. Temporary additional workforce had been arranged at Emergency Department (ED) and Minor Injury Units (MIU) over the previous weekend; however, the cyber-attack did not appear to have caused</p>	

	the anticipated impact on front door services. Ms Rhian Matthews informed Members that contingency meetings are underway, together with a review of GP out of hours services. Discussions are being held with WAST to put in place mitigating actions in regards to capacity, conveyance and safer alternatives for patients to present to.	
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QSEC (22) 71	ANNUAL PLAN : UNDERSTANDING QUALITY & SAFETY IMPACT OF CHOICES & OPPORTUNITIES	
	<p>The Committee discussed the Annual Plan: Understanding Quality & Safety Impact of Choices & Opportunities following a request at Public Board on 4th August 2022 that the three year annual plan is scrutinised by the relevant Committees to ascertain the impact of choices and opportunities on quality, safety , finance and performance prior to the next Board meeting in September.</p> <p>The Executive Team have since met to discuss the choices framework and the risks involved, and it was highlighted that these discussions need to take place through a quality and safety lens prior to any decisions being made. The Director of Finance and his team are undertaking meetings with all directorates to relay the financial pressures, options and forecast trajectories.</p> <p>Members noted that there are higher level strategic choices to consider; however, there is currently a lack of definitive information to share with the Committee at present due to the timeframes. Mr Lee Davies informed Members that a risk assessment will be undertaken for each opportunity identified and fed back to the Executive Team and the reviews will be ongoing rather than a one-off exercise. Mrs Rayani informed the Committee of the development of a 'benefits not achieved' template for service leads to complete with the support of the Finance team, which will capture and clarify the quality impact, providing clarity and transparency in making challenging decisions.</p> <p>Recognising that the Committee does not have the information available to provide meaningful input it was agreed that an extraordinary quality impact focussed QSEC is convened prior to the Board meeting in September, aligning with timelines for planning.</p>	
	The Committee NOTED the update provided on the Three Year Annual Plan and it was AGREED that an extraordinary discussion to consider the quality impact of proposals would be convened in a format to be advised by the Board Secretary prior to the Board meeting.	

QSEC (22) 72	UNSCHEDULED AND EMERGENCY CARE (UEC) DIVE REPORT AND PATIENT STORY	
	<p>The Committee received the key updates from the UEC Deep Dive report and patient story. Ms Matthews updated Members on the significant challenges faced by the UEC pathway and actions taken to mitigate the impact.</p> <p>With reference to the Welsh Ambulance Service (WAST) 'Red Release' process that is detailed within the slide set, Mrs Hardisty enquired whether there is evidence that the process is having a positive impact on the most vulnerable patients. Mrs Hardisty also enquired whether there is a timescale/trajectory for improvement on the average of 43 days it takes for the Health Board to receive incident reporting from WAST.</p> <p>In response, Mr Carruthers provided assurance that WAST is undertaking a review of the ambulance release process following concerns raised regarding</p>	

incidents of 'rejected releases', to ensure a joint approach in clinical risk management. Mrs Sian Passey further assured Members that the process is being monitored closely, with the aim to implement a paper based recording of incidents process to ensure the rationale for decisions is captured and documented.

In response to Mrs Hardisty's query regarding a trajectory for improvement on average 43 day delay in the Health Board receiving incident information from WAST for investigations, Mrs Rayani assured Members that WAST have been asked to notify the Health Board's Quality Assurance Team immediately when an incident has taken place, with the conveyed stance that joint investigations should take place. Unfortunately, there are ongoing delays in the process and instances whereby reviews have already been carried out prior to the Health Board being made aware. Mrs Joanne Wilson agreed to explore whether WAST representation can be re-introduced at Public Board meetings.

JW

Mrs Raynsford raised concern regarding patient feedback that the waiting room facilities in UEC are not fit for purpose and instances where patients have spent hours without clinical observation to review possible deterioration. The Committee received assurance that there are support staff in place to observe and escalate concerns regarding patient deterioration in the waiting areas, and that the patient settings at UEC waiting areas are being reviewed. A Task and Finish Group has been developed with the UEC Head of Nursing, Glangwili General Hospital (GGH) as the Chair and working in collaboration with Manual Handling colleagues, Arts in Health, Nutrition and Hydration Group. Mrs Passey shared the Committee's anxieties regarding the patient waiting areas, noting the increase in presentation of patients with higher acuity levels. Members received assurance and an update on the models of care workforce developments which will support the UEC service. Mrs Passey informed Members of the quality improvement projects underway in Worthybush General Hospital (WGH) UEC Service to support patient facing reception staff in training to escalate clinical deterioration.

The Committee raised concern regarding the ongoing pressures and how this is affecting staff morale. Members were assured that the team are working closely with Workforce and Organisational Development to support staff and create listening spaces to address issues in hot spot areas and were pleased to note the recruitment of 11 nurses to GGH, due to commence in September and October 2022.

The Director of Operations reflected upon the staffing pressures and challenges in the discharge pathways, with the average length of stay for medically optimised patients being too high, particularly for the over 75 inpatient population, highlighting the risk of deconditioning from the longer stays in hospital. Members received assurance from the Safer Patient review underway and the development of the Transforming UEC Programme which will aim to support frail patients and explore opportunities to improve capacity within UEC. The Committee received assurance from the next steps to undertake analysis from the UEC performance dashboard which will be fed into the Operational Delivery Group to agree actions to support the UEC service. Members noted the key updates from the service; however, given the level of risk and complexities, will continue to escalate the position to Public Board. The Committee requested that the Senior Team relay thanks and appreciation to

	the operational staff for their hard work and efforts during this challenging period.	
	The Committee NOTED the update provided and RECEIVED ASSURANCE from the actions being taken internally and with WAST to mitigate the risks.	

QSEC (22) 73	PUBLIC HEALTH UPDATE	
	<p>The Committee received a Public Health Update from the Deputy Director of Public Health, Dr Joanne McCarthy, who highlighted a number of key developments within the service such as the revised governance reporting structure and development of the Public Health Quality and Safety Group to support the management of the Directorate Risk Register. Members noted the 37 cases of reported Monkey pox across Wales, with no new cases reported in the Hywel Dda region.</p> <p>The external review into Llwynhendy Tuberculosis (TB) outbreak response is ongoing, with the results expected in October 2022. The Health Board has a corporate risk around potential reputational damage, with a funding request for additional staff to secure a sustainable service going forward.</p> <p>Dr McCarthy updated the Committee on the Health Board's response to the Ukrainian families relocated to the Hywel Dda region. Whilst the TB screening has been somewhat successful, the risks in people moving on and not updating contact information or re-registering with GPs was highlighted. Dr McCarthy explained that the health system variances in the UK have caused some challenges; however, support is being provided by the Community Development Outreach Team to offer advice on access to the healthcare system.</p> <p>The Committee received an update on the Deep Dive into childhood vaccinations in Wales, noting the national decrease in MMR vaccinations and service exploration of accessibility issues due to the difference in MMR1 and MMR2 uptake. A Deep Dive will be presented to the Public Health Quality and Safety Experience Group and to the Strategic Development and Operational Delivery Committee in Autumn 2022 and, from this, a strategy focussed on increasing uptake, accessibility and acceptability of childhood vaccines across Hywel Dda will be developed, for implementation in 2022-23.</p>	
	The Committee RECEIVED ASSURANCE from the information presented in the paper, noting the development and formalising of a system specifically to address risks identified within the Public Health directorate, and the actions ongoing to address and mitigate for quality and safety issues across the directorate.	

QSEC (22) 74	CORPORATE RISKS ASSIGNED TO QSEC	
	<p>The Committee received the corporate risks assigned to QSEC and discussion took place around new risks.</p> <p>With reference to Risk 1349 and the ability to deliver ultrasound services at WGH, Mr Paul Newman requested further information on the consequences of this risk. In response, Mr Carruthers updated Members on the lack of trained obstetric sonographers, particularly since March 2022, which naturally causes</p>	

	<p>a delay in access, tests and diagnosis. The Obstetric Service is time critical, and the fragility of the workforce causes significant challenges in providing scans in a timely fashion. Mrs Raynsford enquired whether there is transport provided for those who are required to travel for a scan and Mr Carruthers undertook to check and provide an update directly to Mrs Raynsford.</p>	AC
	<p>With reference to Risk 684 - Lack of an agreed replacement programme for radiology equipment across the HB, Members noted that the risk score has been reduced to 16 as some equipment has been installed and is operational. A costed plan, along with a rolling programme for the installation of additional equipment, is in place. The next batch of equipment for replacement has been prioritised and Members noted that securing the funding for this will be key in risk mitigation. An update will be provided to the next QSEC meeting as part of the Corporate Risk Register update.</p>	CB
	<p>The Committee received an update on Risk 1340 - Risk of avoidable harm for HDUHB patients requiring Non-ST-Elevation Myocardial Infarction (NSTEMI) pathway care, with the outcome of the comprehensive review of performance data from January to June 2022 to be provided at a future QSEC meeting. Members noted the ongoing discussions with Morriston hospital around ring fenced capacity for HDdUHB patients and the metrics progress relating to NICE guidelines that recommend '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'.</p>	CSO
	<p>Concern was raised by the Chair regarding Risk 1027 - Delivery of integrated community and UEC, with the situation remaining at concerning levels of risk across the acute sites on a daily basis and agreed that this will be escalated to Board.</p>	CSO
	<p>The Committee RECEIVED ASSURANCE that:</p> <ul style="list-style-type: none"> • 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. 	

QSEC (22) 75	COMMISSIONING FOR QUALITY OUTCOMES	
	<p>Ms Anne Simpson provided the key updates from the Commissioning for Quality Outcomes report. Members were pleased to note that the Long Term Agreement (LTA) now has a quality focussed section to address specific service and quality concerns. The LTA monitoring meetings also include a focus on clinical services and there is now a schedule of services that have been invited to an LTA meeting over the coming year.</p> <p>Highlighting the waiting list position for Allergy and Immunology in the Cardiff and Vale University Health Board (C&VUHB), Ms Simpson informed Members that Birmingham University Hospital have confirmed that they should be able to support on an interim basis until a longer term pathway model is developed. Referral copies of the top 25 longest waiting patients have been sent to Birmingham. A draft patient pathway has been shared, which includes the use of digital technology and local provision (where possible) to limit the number of patient journeys to Birmingham. The intention is to run this as a pilot in the first instance and, if successful, transfer a further cohort of patients from the C&VUHB waiting list if capacity allows.</p>	

	<p>Members raised concern regarding the waiting lists for Oral Surgery at SBUHB. Ms Simpson advised the Committee that HDdUHB representatives have met with SBUHB to discuss this issue, and that the group had agreed to focus on stabilising services and addressing/reducing backlog growth and developing future opportunities for regional working. SBUHB was tasked with drafting a service specification proposal detailing services in order for a SLA arrangement to be put in place. HDdUHB has since received this and is reviewing the service specification.</p> <p>The Commissioning Team and the Service have reached out to neighbouring Welsh Health Boards, English NHS Providers and Independent Providers to establish potential capacity to support the NSTEMI pathway in Cardiology Services; unfortunately there is none. The Commissioning team is in the process of writing to all Spinal and Cardiology patients who had their surgery during 2021/22 at SBUHB, requesting feedback by means of a patient questionnaire. The questions are based on Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs), and input has been sought by clinical and value based healthcare colleagues to ensure they are appropriate and reasonable. The Commissioning team is working with Quality and Value Based Healthcare colleagues to circulate to patients via the most appropriate platform. The commissioning team will also work with the values team to understand the results and an update will be provided to QSEC when available.</p> <p>Recognising the value of the revised LTA which now includes quality monitoring, Professor Philip Kloer suggested the roll out of the agreement to WHSCC partners for a consistent approach and quality assurance. Ms Simpson undertook to progress the roll out of quality monitoring as part of the LTA agreement with WHSCC.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE from the breadth and depth of actions and approaches being undertaken to mitigate the risks • NOTED that the Traditional Commissioner/Provider approaches are not going to remedy the Significant Pressures across both Health Boards. • NOTED the innovative work underway to look beyond traditional ways of working, in order to address the more strategic issues. 	AS
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QSEC (22) 76	<p>QUALITY ASSURANCE REPORT</p> <p>Ms Caroline Burgin presented key updates from the Quality Assurance Report, highlighting the national increase in NHS incident reporting, with 2,791 incidents reported in May and June 2022 of which 2,396 were patient safety related. Members noted that scrutiny of all incidents reported is undertaken by the Quality Assurance Information System Team on a daily basis. Patient Safety Incidents where the harm is severe or catastrophic and those flagged by the QAIS Team are reviewed by the Patient Safety Team. An Incident Management Group is arranged with the Triumvirate to review incident and implement measures from learning.</p> <p>The Committee was pleased to note a number of quality improvement projects underway across the Health Board, including observation in practice in the Health Board's Accident and Emergency (A&E) / Minor Injury Unit (MIU) waiting areas looking at nutrition and hydration resources available and signage to them for patients.</p>	
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	<p>Members noted that the new mortality review process, in line with the All Wales Learning from Mortality Review Model Framework, has been embedded successfully across Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH), with minor technical matters to resolve at GGH.</p> <p>The Committee received an update on the Nurse Staffing Levels (NSL) (Wales) Act, noting the greater level of detail in the data provided within the report on NSL acute adult inpatient medical/surgical wards and paediatric inpatient wards from the period April to June 2022. Mrs Rayani explained the mitigating actions in place when the availability of nurse staffing does not meet the NSLWA, such as the use of clinical judgement and risk assessments carried out for the inpatient care needs. Ms Lewis requested that the scale of vacancies are included within the table for future reporting for context and Mrs Rayani undertook to ensure this information will be provided at the next scheduled update.</p> <p>The Committee was advised that the Quality Assurance Team awaits the final published report from the Healthcare Inspectorate Wales (HIW) from the quality checks and inspections undertaken from the period 7th June – 19th July 2022. Ms Caroline Burgin highlighted that a number of outstanding recommendations relating to estates are being pursued for completion.</p> <p>Ms Rebecca Jewell was pleased to note that the recommendations are being scrutinised internally, and drew attention to the importance of wider learning from the inspections across the Health Board. Mrs Rayani offered assurance that learning is being scrutinised at service level quality governance meetings and specific areas for improvement and quality programmes are being fed through the Operational Quality, Safety and Experience Sub Committee, with a quality panel to pull out risks and ensure delivery of the estates actions.</p> <p>The Committee RECEIVED ASSURANCE that processes, including the Listening and Learning Sub Committee, are in place to review and monitor:</p> <ul style="list-style-type: none"> • Patient safety highlighted through: <ul style="list-style-type: none"> ○ Incident reporting; ○ Mortality review; and ○ Review of nosocomial COVID-19 infection • Patient experience highlighted through HIW Inspection, Nurse Staffing Levels (Wales) Act and Welsh Health Circulars; • Quality improvement. 	<p>SD/ MR</p>
<p>QSEC (22) 77</p>	<p>QUALITY & ENGAGEMENT((WALES) ACT 2020 UPDATE</p> <p>The Committee received an update on the Health and Social Care (Quality and Engagement) (Wales) Act which became law on 1st June 2020, with Welsh Government working to bring the Act into force in Spring 2023. The Act will extend the duty of ensuring quality to Welsh Ministers and establish a duty of candour and strengthen the voice of the citizen. Mrs Rayani informed the Committee of the associated Welsh Government staff resource challenges, with one seconded member of staff in the team progressing implementation of the Act, and undertook to provide an update within the next 6 months in line with the national consultation. Members received assurance from the national work streams underway; however, the challenges in meeting the timeline for delivery</p>	<p>MR</p>

	<p>was noted as a concern, with an update scheduled for Board Seminar in October 2022.</p> <p>Commenting on the level of work involved in the implementation in particular if the Act encompasses Contracted Professions, Mrs Hardisty enquired whether there has been an All Wales update on timescales. Mrs Rayani undertook to liaise with the Quality and Engagement Act Officer and will feedback to QSEC.</p>	MR
	The Committee NOTED the update provided on the Quality & Engagement(Wales) Act 2020	

QSEC (22) 78	<p>NURSING ASSURANCE ANNUAL REPORT</p> <p>Ms Sharon Daniel presented the Nursing Assurance Annual Report, which is part of an annual audit undertaken by HDdUHB to provide assurance on Quality Care Standards to the Executive Board.</p> <p>The data included in the report has been derived mostly from the Welsh Nurse Care Record (WNCR) between 1st January and 1st July 2022 from a total of 2,711 patients that had their information stored on WNCR during that time.</p> <p>The Committee received the summary findings contained within the report, which will be supported with targeted training to be discussed in further detail at the Senior Nurse Management Team meeting in September 2022.</p> <p>Commenting upon the data provided within the Nurse Assurance Report and areas of good practice and improvement, Mrs Hardisty enquired whether learning is shared across sites and across professions. Ms Daniel assured Members that the data is made available on a monthly basis and is shared across the Health Board's Heads of Nursing, and that a number of different professionals, including Therapists can access the system with Health Board log in credentials. A pilot will take place for Student Nurses to access the system in the early Autumn.</p> <p>The Committee was pleased to note the developments of the electronic system particularly that the WNCR will be accessible by other professionals and advocated that this is rolled out Health Board wide in the absence of another multi professional all Wales patient system record. Whilst noting the challenges with the pilot system, Members acknowledged that there is room to shape the system and provide input in terms of requirements.</p>	
	The Committee NOTED the content of the Nursing Assurance Annual Report.	

QSEC (22) 79	<p>CLINICAL AUDIT UPDATE</p> <p>Mr Ian Bebb presented the Clinical Audit Report with the following highlighted:</p> <ul style="list-style-type: none"> Following discussion with the Head of Quality Governance and Director of Assurance and Risk it was noted that clinical audit often assists in articulating a risk and provides assurance that a risk is being mitigated. Due to operational pressures and the response to the COVID-19 pandemic, clinical teams have been less able to engage in audit activity. While many audit projects are being maintained, and new audits are underway, additional reporting needs have been a challenge. The Health Board is currently rebuilding its clinical audit resources 	
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	The Committee noted a number of audits undertaken which have supported the clinical team to drive service improvements and tying in with the service risks and through the changes implemented as a result of the audit. Mr Bebb informed Members of developments in mapping of the audit workplan which can be reviewed and reprioritised accordingly.	
	<p>The Committee NOTED:</p> <ul style="list-style-type: none"> • The examples given as assurance of how the Health Board is demonstrating good practice through clinical audit; • The specific improvement work that is being carried out; • The links between clinical audit and existing risks. 	

QSEC (22)80	OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB COMMITTEE	
	<p>Mrs Sian Passey presented the key updates from the Operational Quality, Safety and Experience Sub Committee held on 7th July 2022:</p> <ul style="list-style-type: none"> • Radiology Services Exception Report: Members noted the fragility of the workforce in the Ultrasound service at WGH, which is experiencing significant recruitment challenges • Unscheduled Care Glangwili General Hospital (GGH) and Prince Philip Hospital (PPH) Exception Report: Members noted the significant nursing workforce deficits and capacity pressures, the complexities of patient presentation and the ongoing challenges in the UEC. Several initiatives are underway on all sites to support the deficits, including the recruitment of overseas nurses, with a cohort due to commence following induction and training in the coming months and a centralised recruitment pilot on the PPH site which, if successful, will be considered across other sites within the Health Board. Members noted mitigating actions such as GP calls/referrals being managed through the Same Day Emergency Care (SDEC), the Welsh Ambulance Service Trust (WAST) Direct Referral to SDEC and the further development of the SDEC model and recruitment into the frailty pathway. • Ear Wax Management Community Pathway: The Sub Committee noted the number of significant workforce and funding challenges within the Audiology service and acknowledged that further actions are required, which sit outside the ability of the service, to progress independently; however, opportunities are being continuously explored. <p>Mrs Hardisty commented upon the improvement in the standardised reporting to OQSESC by the majority of Directorates who now include the risks and mitigating actions as part of their updates.</p>	
	The Committee NOTED the contents of the Update Report.	

QSEC (22) 81	LISTENING AND LEARNING SUB COMMITTEE	
	<p>Mrs Louise O'Connor provided an update from the Listening and Learning Sub Committee held in August 2022, highlighting the following:</p> <ul style="list-style-type: none"> • Clinical Negligence: The Sub-Committee received a presentation from Legal and Risk Services regarding clinical negligence claims. From January 2020 to date, 16 claims had been settled relating to Women and Children's services, 4 of these were high value claims requiring Welsh Government 	

	<p>review. There were 50 cases open to investigation, 8 relating to gynaecology; 6 midwifery; 5 paediatric services; 17 obstetric cases; 14 of these were high value claims (2 paediatric, 11 obstetric and 1 midwifery).</p> <ul style="list-style-type: none"> • Incidents: The Sub-Committee received a report summary of two incident cases highlighting the importance of effective communication following a serious incident. The cases identified that, whilst initial communication had taken place, ongoing communication was not as robust or as frequent as it should have been. Consideration was given to the pending new legal duty of candour. The importance and significance of the new legal duty was recognised as well as the challenges that would be faced, particularly in relation to moderate harm incidents. The Sub-Committee noted the concern that one of the barriers related to the cultural fear around risk reporting and the process, and that this would need to be addressed as part of the new duty of candour training. • Public Services Ombudsman Reports: Four Public Service Ombudsman Reports were received and noted with the detail provided within the Update Report. 	
	The Committee RECEIVED ASSURANCE from the actions undertaken by the Sub Committee.	

QSEC (22) 82	EFFECTIVE CLINICAL PRACTICE GROUP	
	<p>Dr Helen Munro presented an update from the Effective Clinical Practice Group held on 1st March and 7th June with the following key highlights:</p> <ul style="list-style-type: none"> • The Terms of Reference were reviewed and ratified with minor changes to the Membership. • The Clinical Audit Team have started to use a new system, Audit Management and Tracking System (AMaT) for the registration and storage of clinical audit projects. • The Clinical Standards and Guidelines Group has replaced the NICE and National Guidance Group. Terms of Reference had been formulated and discussed. The intention is to meet quarterly and to invite a minimum of four teams/service areas per year to a dedicated meeting of the Group, which will provide a forum for support and challenge in relation to the service's clinical effectiveness activity • The Clinical Director for Clinical Audit Post remains vacant. <p>The Committee RECEIVED ASSURANCE from the update provided from the Effective Clinical Practice Group.</p>	

QSEC (22) 83	MEDICINES MANAGEMENT OPTIMISATION GROUP	
	<p>Ms Jenny Pugh Jones presented an update from the Medicines Management Optimisation Group, with the following key highlights noted:</p> <ul style="list-style-type: none"> • In line with Welsh Government guidelines, the Health Board implemented a pathway for high risk COVID-19 patients, for oral antiviral drugs or an intravenous infusion of the non-mono-clonal antibody drug, Sotrovimab, with 180 Health Board patients being treated. Due to ongoing service pressures, a community pathway is proposed via the Acute Response Team, with governance arrangements and risk assessments underway. 	

	<ul style="list-style-type: none"> The Local Intelligence Network annual report was presented in line with the recommendation set out in the Department of Health: <i>Safer Management of Controlled Drugs: A Guide to Good Practice in Secondary Care</i> and the subsequent <i>Dangerous Drugs ,Wales: The Controlled Drugs (Supervision of Management of Use) (Wales) Regulations 2008</i> . 	
	The Committee NOTED the update provided from the Medicines Management Optimisation Group.	

QSEC (22) 86	ANY OTHER BUSINESS	
	<p>Mr Andrew Carruthers updated the Committee on the previously advised concerns around sustaining safe Intensive Care Consultant cover across Carmarthenshire, which has since intensified.</p> <p>Due to sickness, retirement and role changes, there are currently 4 consultants covering 8 posts; requests for agency staff have not been fulfilled and requests for assistance have been made to other locations across Wales, which have not been successful.</p> <p>An Executive decision has been made to temporarily restrict level 3 access to the unit at PPH until 2nd October 2022. The unit remains open for level 2 patients on a 24/7 basis, with patients supported by experienced speciality doctors and Nursing staff and remote Consultant advice available. Discussions are underway for critical care transport to support if required. Members noted that a further discussion will take place during the In-Committee meeting and an update will be provided to Public Board in September 2022.</p>	

QSEC (22) 87	DATE OF NEXT MEETING	
	The date of the next QSEC meeting is scheduled for 9.30am on 11 th October 2022.	