



**Quality, Safety and Experience (QSE) Committee  
Minutes of the Meeting Held in Public on 23.3.22 via Teams**

**Present:**

Lucy Reid	Independent Member (Chair)
Jackie Hughes	Independent Member
Cheryl Carlisle	Independent Member
Lyn Meadows	Independent Member

**In Attendance:**

John Gallanders	Independent Member
Gill Harris	Executive Director of Nursing and Midwifery / Deputy Chief Executive
Matthew Joyes	Acting Associate Director of Quality Assurance
Nick Lyons	Executive Medical Director
Molly Marcu	Interim Deputy Board Secretary
Teresa Owen	Executive Director of Public Health (for part of the meeting)
Philippa Peake-Jones	Head of Corporate Affairs (minutes)
Chris Stockport	Executive Director Primary Care and Community Services
Jane Woollard	Director of Nursing, Ysybty Glan Clwyd
Neil Rogers	Acute Care Director, Ysybty Glan Clwyd
Tushar Mahambrey	Deputy Medical Director, Ysybty Glan Clwyd
Karen Mottart	Medical Director, Ysybty Gwynedd
Richard Hayward	HIW

Agenda Item Discussed	Action By
It was noted that the meeting was being recorded in Teams for administrative purposes.	
<b>QS22/71 Apologies For Absence</b>	
<b>QS22/71.1</b> There were no absences noted	
<b>QS22/72 Declarations of Interest</b>	
<b>QS22/72.1</b> There were no declarations of interest noted.	
<b>QS22/73 Vascular Update</b>	
<b>QS22/73.1</b> The Executive Medical Director updated the Committee on two significant incidents in the Vascular network. It was noted that one was categorised as a Never Event and one was defined as a serious incident. The Executive Medical Director advised that distinction between the two is in many ways a distraction because both of them had a significant impact on patients who put their trust in our services.	

**QS22/73.2** The Executive Medical Director advised that at the Serious Incident panel he was not satisfied that appropriate safety mitigations could be put in place and nor were those on the panel. As a result, he looked for mitigations to be put in place which were summarised in the paper. It was noted that for 28 days from last Thursday, there would be a change in the weekend on call arrangements for consultants, there as there is a first and second on call consultant and in addition increased multidisciplinary team support from Liverpool would be sought. The number of patients likely have their elective surgery postponed was approximately 20 with 50 patients having their outpatient appointment postponed. It was noted that around 16 patients who would have had surgery at the YGC site will now receive their surgery in Liverpool. It was noted that the mitigations were in place for 28 days and that what happens at the end of this period is currently being discussed.

**QS22/73.3** The Chair acknowledged that it had been a rapidly developing situation and that a huge amount of work had been put in to develop the link with Liverpool and agree what level of support they were able to provide.

**QS22/73.4** An Independent Member queried who was the overall responsible person for the Vascular Service at the Health Board, the Executive Medical Director advised that he was. It was noted that he was supported by a Vascular Network Manager and additional resource had been appointed to support her in recent weeks. The Committee were advised that the Hospital Management Team have operational and clinical oversight of the service on a day to day basis and that there had been some changes in the Clinical Lead responsibility for the service and the Executive Medical Director was optimistic an interim appointment would be made. A discussion took place around how the morale within the Vascular Team and what mentoring is taking place.

[Teresa Owen joined the meeting]

**QS22/73.5** The Chair queried if a risk assessment had been completed and the Executive Medical Director clarified that it would be hard to quantify in a formal risk assessment but there had been an acknowledgement of the issue. It was noted that when an outcome tragically isn't good, it isn't necessarily due to a failing of the service. The Committee were advised that there is ongoing work with regulators, particularly with the GMC, but also the NMC and HCPC around professional standards and actions that have been put in place. The Committee noted that in addition, weekly note taking audits are taking place with a view to driving improvements.

**QS22/73.6** The Executive Medical Director advised that Gareth Griffiths, a nationally very respected vascular surgeon who has recently retired to the area, has been appointed to work with the teams on professional standards.

**QS22/73.7** An Independent Member raised a query around consultants making the correct judgement and when Liverpool would be contacted. The Executive Medical Director advised that the consultants are now supported by colleagues and Liverpool on MDT discussions and, to give the Committee added assurance, the consultants decisions so far have not needed to change as a result of discussion with Liverpool. It was noted that there was an ongoing piece of work with CHKS around paediatric vascular cases.

<p><b>QS22/73.8</b> An Independent Member raised if staffing were an issue given the level of scrutiny in the area and the Executive Medical Director advised that he had not been informed of anyone wishing to transfer out but that a contingency plan is in place.</p> <p><b>QS22/73.9</b> An Independent Member queried threshold and movement of patents out of area to Liverpool and communications with Primary Care about what is taking place within the Vascular Network. The Executive Medical Director acknowledged that in recent times, some incidents have been seen where communication needs to be improved and that there are Make it Safes now in place to ensure that transfer between sites and off load is done better.</p> <p><b>QS22/73.10</b> The Chair asked for assurance around recruitment and ensuring standards are maintained and the Executive Medical Director advised that standards would not be dropped, everybody would be suitably qualified to deliver their role.</p> <p><b>QS22/73.11</b> The Executive Medical Director advised that it was important to point out that the concerns relating to the vascular service relates to note keeping, consent and communication and the decision making. They don't relate to the competency of those operating and carrying out of procedures. The Committee noted that a report and further updates associated with the Vascular Improvement Plan would be at the next Board Meeting. The Chair thanked those involved for responding to these concerns and implementing the make it safe processes in a very short time frame.</p> <p><b>QS22/73.12 It was resolved that</b> The Committee noted the actions taken in response to recent safety concerns.</p>	
<p><b>QS22/74 Waiting List Management Report</b></p> <p><b>QS22/74.1</b> The Chair clarified that the Internal Audit report was a limited assurance report in terms of the way the waiting list management has been done. It was noted that the document had the wrong committee name. The Executive Director of Nursing and Midwifery / Deputy Chief Executive confirmed that updates against progress would be received. The timing of the paper coming to the Committee was discussed, noting that it had not gone through Audit Committee.</p> <p><b>QS22/74.2</b> An Independent Member highlighted that the paper shows that a manager had tried to escalate an issue. The Executive Director of Nursing and Midwifery / Deputy Chief Executive agreed to find out if the concern was being raised to managers or the audit team and if there was an alternative to the online submission.</p> <p><b>QS22/74.3</b> The Chair noted that she was concerned about the management responses and how they will actually address the recommendations as they are transactional in nature and do not clearly address the findings. It was noted that this has been raised at the Audit Committee previously in terms of other reports and the report was being reviewed to ensure that the recommendation is being addressed and therefore ensure an effective outcome.</p> <p><b>QS22/74.4</b> An Independent Member queried that some patients, upon receipt of the letter may believe that their treatment isn't necessary and be frightened to go into hospital and wanted to know how this was being addressed. The Executive Director of</p>	<p>GH</p> <p>GH</p>

<p>Nursing and Midwifery / Deputy Chief Executive agreed to respond to this outside of the meeting.</p> <p><b>QS22/74.5</b> The Committee raised concerns for ophthalmology and orthopaedics waiting times. It was noted that more people could be seen at their first appointment as follow ups were not being done as routine unless required. Concern was raised around the methodology for collation of data and it was agreed that the paper should return to Committee once a meeting had taken place with the Chair of Audit Committee, the Chair of the QSE committee, the Executive Director of Nursing and Midwifery / Deputy Chief Executive and the Interim Board Secretary.</p> <p><b>QS22/74.5 It was resolved that</b> The Committee would receive an updated paper in due course.</p>	MM/GH
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