

Surgery Clinical Board

Quality & Safety Executive (QSE) Meeting Formal Minutes

Date: 17 March 2026

Time: 08:30 – 10:30

Venue: Microsoft Teams

Chair: Clare Wade, Director of Nursing – Surgery Clinical Board

1. Welcome, Opening Remarks and Meeting Administration

Clare Wade opened the meeting and welcomed attendees. The meeting was confirmed as being recorded.

The Chair emphasised the importance of multidisciplinary and clinical leadership attendance for effective Quality & Safety governance and noted that this issue would continue to be monitored.

2. Apologies for Absence

Apologies were formally received and recorded from:

- Sarah Rees
- Elizabeth Mosca
- Kim Whitcombe
- Laura Jones (Job Planning commitments)
- Ceri Chinn
- Paul Warman

3. Approval of Previous Minutes

The minutes of the previous Quality & Safety Executive meeting were reviewed for accuracy.

- Members confirmed that the minutes accurately reflected the discussions and decisions made.
- No amendments were requested.
- The Chair noted that page numbers would be added to future versions to improve readability and referencing.

Decision:

Previous minutes formally approved as an accurate record.

4. Matters Arising and Action Review

4.1 Point of Care Testing (POCT) – Training Records

An action from the previous meeting required assurance that training records for POCT devices were being maintained locally within services.

Discussion highlighted:

- POCT devices are used across multiple professional groups, including Nursing, ODPs and Recovery staff.
- Departments confirmed that training and competency records are maintained locally.
- Anaesthetists clarified that they do not routinely operate POCT equipment and therefore do not hold individual competency records for such devices.
- Assurance was provided that staff groups responsible for operating POCT devices are trained and competent.

Decision:

Action complete and formally closed.

4.2 Ketone Monitoring Guidance

Ketone monitoring guidance was scheduled for discussion; however:

- The responsible clinical lead was on leave.
- Appropriate clinical input was therefore unavailable.

Action:

Item deferred and to return to the next scheduled QSE meeting.

4.3 WHO Surgical Safety Checklist – Redesign and Collaboration

Clare Wade provided an update on work undertaken to review and redesign the WHO Surgical Safety Checklist.

Discussion noted:

- Initial feedback has been received from a limited number of stakeholders.
- A risk was identified that broader consultation may generate excessive modification requests, potentially undermining the integrity of the WHO checklist.
- The need to retain focus on patient safety principles rather than local preference was emphasised.

Action:

Chair and Perioperative Lead to meet to agree scope, timing and audience for wider consultation.

5. Patient Safety, Quality and Effectiveness

5.1 National Vascular Registry (NVR) Alert – Mortality Following Major Limb Amputation

Oliver Harness presented a detailed overview of an alert letter received from the National Vascular Registry.

Key points:

- The alert highlighted inpatient mortality following major limb amputation exceeding two standard deviations above the national average.
- Data reviewed covered calendar years 2022–2024.
- Despite this, trend analysis demonstrated improvement:
 - Mortality reduced year-on-year.
 - Local 2024 provisional data suggested further improvement, not yet reflected in national reports due to reporting delays.
- A registrar-led audit reviewed all major amputations and outcomes.
- Findings indicated that in some cases earlier palliation may have been more appropriate.
- Practice changes implemented included:
 - Earlier MDT-led decision-making.
 - Increased emphasis on palliation where clinically appropriate.
 - Greater focus on early limb salvage and revascularisation.

Clare Wade queried whether bed pressures and admission delays may have influenced outcomes.

In response:

- Oli Harness advised that a detailed audit of delayed admissions is planned.
- The audit will examine changes in patient condition between clinic review and admission.
- The audit aims to identify potential harm related to delays, including physiological and psychological impact.

Assurance:

Action taken, practice improved, outcomes trending positively.

Action:

Further data and audit outcomes to be presented at a future QSE when available.

5.2 Audiology National Quality Audit Findings

Lorraine Lewis presented findings from the November 2025 national external audiology audit.

Key points:

- Overall audit score: **86% (pass)**.
- Strong compliance in:
 - Clinical assessment

- Treatment and care delivery
- Areas of concern included:
 - Access to services
 - Workforce capacity
 - Accommodation and estates
 - Limited capacity for service development
- Significant waiting time pressures were highlighted across:
 - Adult hearing loss
 - Paediatric services
 - Balance and tinnitus pathways
- Loss of sound-proofed rooms due to unresolved building leaks significantly reduced capacity.
- Risks discussed included:
 - Cognitive decline
 - Increased falls risk
 - Paediatric speech and language delay
- The group acknowledged the complexity of evidencing “harm” despite clear service pressure.

Discussion emphasised that:

- National policy expectations exist without recurring financial investment.
- Capacity constraints are impacting both service quality and staff wellbeing.

Actions / Assurances:

- Benchmarking work ongoing.
- Business cases in development.
- Estates risks escalated.
- Further audit update to return following June 2026.

6. Directorate Updates – Escalation by Exception

6.1 General Surgery

- Planned closure of showers on Ward A6N identified.
- This would leave 38 patients reliant on a single functioning shower for approximately five weeks.
- Significant dignity, infection prevention and patient experience risk acknowledged.

Action:

Mitigation plan required and to be brought back to QSE.

6.2 Vascular

- No additional quality risks escalated.
- Forthcoming transition in Clinical Director role noted, with interim arrangements in place.

6.3 Urology

- Ongoing workforce risk relating to PSA tracking capability.
- Temporary mitigation implemented using consultant support.
- Longer-term solution required.

6.4 Dental / ENT

- Estates leaks in GA theatres reported.
- Joint review completed; theatres deemed clinically safe.
- Retirement of senior dental colleague noted and acknowledged.

6.5 Trauma & Orthopaedics / Breast

- Workforce challenges associated with BOA-qualified plaster technicians.
- Recruitment and retention difficulties noted due to regional pay discrepancies.
- Estates concerns included persistent roof leaks despite recent remedial works.

Action:

Risks remain live on Directorate risk register.

6.6 Perioperative Services

- Recent leak in main theatres resolved.
- Lift failure affecting Pre-Operative Assessment (POAC) services ongoing.
- Interim access routes implemented with communication issued to services.

6.7 High Dependency Unit (HDU) Shutdown

- Update confirmed second week of shutdown progressing safely.
- No reported delays to theatre activity or patient harm.

7. Patient Safety Incidents and Learning

7.1 Nationally Reportable Incidents (NRIs)

- Ten NRIs currently open within Surgery.
- Two classified as Never Events.
- Two NRIs overdue; one expected to close imminently.

7.2 Datix Incident Overview

- 353 open incidents across Surgery Clinical Board.
- Represents ~5% of all Health Board incidents.
- Performance benchmarked favourably compared to other clinical boards.
- Members encouraged to progress incidents promptly through investigation stages.

7.3 Falls and Pressure Ulcer Review

- Two injurious falls reported in the period; both deemed unavoidable.
- Two grade 3+ pressure ulcers reported, one classed as avoidable.
- Robust ward documentation and risk assessment processes were commended.

8. Infection Prevention and Control (IPC)

Michelle Abel provided the IPC update:

- Significant year-on-year reductions achieved in:
 - C. difficile
 - MSSA
 - E. coli
- Slight increase in Pseudomonas attributed largely to one complex patient.
- Early review initiated regarding a small number of possible orthopaedic surgical site infections.

Action:

IPC team to correlate infection data with theatre temperature excursions and estates intelligence.

9. SSSU – HIW Inspection and Staff Feedback

Clare Wade provided a detailed update following the HIW inspection of SSU.

Key points:

- Immediate inspection feedback was largely positive.
- Leadership and patient care commended.
- Subsequent staff feedback submitted directly to HIW raised serious concerns regarding:
 - Workload
 - Capacity
 - Weekend over-utilisation of SSSU
 - Culture in unit
- It was noted that staff feedback had not been escalated through internal mechanisms.
- Sustained pressure on staff operating beyond designed bed capacity was acknowledged.

Action:

Formal response and improvement plan to be developed and submitted to HIW.

10. Workforce and Safer Staffing

- Safer Nurse Staffing models for 2025/26 nearing Executive sign-off.
- Planned service changes include:
 - Closure of TACU unit at UHL
 - Corresponding expansion of Enhanced Recovery Unit provision
- Assurances provided that changes remain workforce-neutral.

11. Theatres Together Programme

An overview was provided of the February 2026 away day:

- Over 200 staff attended.
- Repeat staff survey demonstrated:
 - Improved leadership confidence
 - Improved teamwork and morale
 - Reduced concerns regarding psychological safety
- Ongoing challenges identified included:
 - Workforce sustainability
 - Estates limitations
 - Education and career development pathways

Action:

Full analysis to be presented at the next QSE.

12. Risk Register – AMaT

- Services continue transition to AMaT risk management system.
- Emphasis placed on Directorate-level review and agreement of risks prior to submission.

13. Deferred Items

Deferred to May 2026:

- M&M digital demonstration
- Regulation 28 improvement plan
- Medical Equipment Group update
- Blood Management annual report
- POCT governance update

14. Date of Next Meeting

Monday 19 May 2026, 08:30 – Microsoft Teams

