

Draft Minutes Quality, Safety & Experience Committee

Date of Meeting: **09:30, Tuesday 08 April 2025**
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Anna Lewis, Independent Member and Chair of the Committee
Eleanor Marks, Vice Chair of the Health Board and Committee
Chantal Patel, Independent Member
Michael Imperato, Independent Member

In Attendance: Amanda Glanville, Assistant Director of People Development
Andrew Carruthers, Chief Operating Officer
Ardiana Gjini, Director of Public Health
Cathie Steele, Interim Assistant Director of Quality and Assurance
James Severs, Director of Allied Health Professions and Health Science
Joanne Wilson, Director of Corporate Services (Board Secretary)
Karen Brown, Clinical Lead Unscheduled Care
Mandy Davies, Assistant Director of Nursing, Quality Improvement
Mark Henwood, Interim Medical Director
Rhian Bond deputising for the Director of Primary Care, Community and Long-Term Care
Peter Skitt, Clinical Care Group Service Director - Community & Integrated Medicine
Rebecca Temple- Purcell, Assistant Director of Nursing, Mental Health and Learning Disabilities
Sam Dentten, Llais Cymru Representative
Sharon Daniel, Director of Nursing, Quality and Patient Experience
Subhamay Ghosh, Associate Medical Director of Quality and Safety

Apologies: Louise O'Connor, Assistant Director of Legal and Patient Experience

Minutes Ref.	Item	Action
	Governance	
	Declarations of Interest	
	No declarations of interest were received.	
QSEC 25 (01)	Minutes from the Previous Meeting and Table of Actions	
	In terms of matters arising, Ms. Anna Lewis passed on heartfelt congratulations to Mrs. Sharon Daniel on her successful appointment into the substantive role as Executive Director of Nursing, Quality and Patient Experience within the Health Board.	

The Committee welcomed Ms Eleanor Marks and Mr Michael Imperato as new Members following a recent reallocation of Committee Membership.

Referring to Action QSEC 24 (97) which is relating to the review of workforce models within the Midwifery Sonography services in order to mitigate risks, Mrs Chantal Patel queried the outcome of the review as the action is marked complete. Mr Carruthers explained that the review of the skill mix and resource allocation is ongoing within the service. The progress of the work will be monitored via the internal Quality, Safety Intelligence Group.

RESOLVED: The minutes of the previous meeting were approved as an accurate record.

QSEC 25 (02) QSEC Annual Report 2023/24

RESOLVED: The QSEC annual report 2024/25 was received and approved by the Committee.

QSEC 25 (03) Targeted Intervention (TI) Progress Report

Mrs. Sharon Daniel presented the TI report which she believes provides a comprehensive update of areas that have been escalated to Targeted Intervention status by Welsh Government and fall under the remit of quality and safety. Mrs. Daniel highlighted that since the previous report, two criteria have been de-escalated from 'alert' to 'advise' status which relate to actions in response to external reviews and recommendations. For the areas that have not de-escalated within the report, sustainable improvement is being monitored prior to decision making on de-escalation.

In terms of the Health Board's participation with national clinical Audits which has been raised as an area of concern within the report, Mrs. Daniel recognised there is a piece of work to do on strengthening reporting in this space. Clinical audits will be reporting via the Clinical Care Groups as part of future reporting requirements and the Audit and Risk Assurance Committee will continue to monitor Clinical Audit activity, including the continuation of the majority of mandatory national audits and escalate when appropriate.

IB/ SD

Highlighting that this has come as somewhat of a surprise to the Committee, Ms. Lewis queried whether audits are generally being overlooked or whether there are concerns that information has been requested from services and not acted upon. Mrs. Daniel felt that capacity issues are regularly raised.

Ms. Lewis asked whether there is a level of confidence that nothing else is being overlooked as part of the TI criteria for de-

escalation and Mrs. Daniel confirmed that TI criteria continues to be monitored by Executive Leads and action undertaken where necessary, and this is helpfully supported by Mr. Shaun Ayres, TI Lead.

Mrs. Chantal Patel queried whether the Health Board has now been de-escalated to 'Enhanced Monitoring' status for quality domains. In response Mrs. Daniel advised that although progress has been recognised in several areas such as complaints management and incidents, the 'quality' domains have not de-escalated. Recent discussions with Welsh Government have suggested there is a need to demonstrate sustainability in a number of areas such as Healthcare Acquired Infection rates.

Referring to Criterion 32, 33, 35, Mr. Imperato sought clarity on the definition of 'Limited evidence of a centralised methodology for integrating disparate elements into a coherent assessment of service vulnerability' highlighting the complexity of how this has been phrased. Mrs. Daniel advised that this relates to the process in place to identify and monitor fragile services. Mrs. Daniel explained that the Health Board are required to evidence that the fragile services monitoring processes are established and effective via the Directorate Improving Together sessions and Mr. Henwood added that the Fragile Services Framework has not yet been finalised by Executive Team. Noting Mr Imperato's point regarding the phrasing within the report, Ms. Lewis commented that the language used within the report is somewhat opaque for those who may not be directly involved with the Targeted Intervention process.

Commenting on the significant remedial work that has taken place in response to Targeted Intervention, Ms. Lewis asked for more information on the plan to transition from this point to a business as usual position, and timescales for this. In response, Mrs. Daniel reflected that a number of processes are already embedded in practice, for example the revised quality metrics 'Safety Dashboard' which monitors complaints and emerging hot spots across services. Highlighting the revised operational governance arrangements, the Clinical Care Groups will monitor performance of areas aligned with the T.I domains, and Integrated Quality Finance Performance Delivery (IQFPD) will escalate any emerging areas of concern.

Drawing attention to the incomplete 'Speak Up Safely' section on the TI report which suggests further work is required in this space, Ms Lewis suggested that the People, Organisational Development and Culture Committee (PODCC) (as the owning Committee) are asked to receive an update and share the outcome with QSEC if necessary. Ms. Marks, as the new Chair of the Committee agreed. On this subject, Mrs. Patel provided feedback from a recent medical conference that the 'Speak up Safely' service is not available during out of hours/ night shifts, and in response Ms. Lewis suggested availability of the service is also clarified within the PODCC report. Ms. Steele provided assurance that as well as

Speak up Safely there are various platforms that allow staff to raise concerns however noted that staff awareness of these mechanisms may need strengthening.

In terms of the Healthcare Acquired Infection data, Ms. Lewis noted the low numbers that the Health Board are reporting and finds it challenging to draw conclusion on what may be an improving position or just a natural fluctuation. In agreement, Mrs Daniel stated that there has been no significant reduction or increase in this space, however the number of outbreaks and whether there are any areas of recurring incidents is continually monitored. Ms. Lewis suggested review of the quality indicators in the TI report to provide a more rounded understanding of improvement or deterioration in this space.

Decision: The Committee received assurance from the report.

QSEC 25 (04) Patient Story- Unscheduled Emergency Care

Ms Karen Brown presented a patient story from the Integrated Unscheduled Emergency Care service. The story provided the experience of a 72-year-old male whose wife called Emergency Services due to him suffering with shortness of breath. The Welsh Ambulance Service Trust (WAST) crew arrived and the patient became stable but needed assessment due to fluid in the legs and lungs. A discussion took place with Same Day Emergency Care (SDEC) clinical Co-ordinator and the patient was accepted for assessment. The patient was treated via the Hospital at Home virtual ward service.

The patient was visited by the Advanced Clinical Practitioner and Physician's Associate from the CATCH team and the patient improved clinically. The patient and wife were happy with the alternative to hospital admission and felt that the wider team listened to their concerns, and felt supported.

The Committee noted that the SDEC service is funded on a fixed term basis via the 6 Goals Programme and is a Monday to Friday, five day a week service.

Decision: The Committee considered the patient story alongside item 2.1 on the agenda.

QSEC 25 (05) Unscheduled Care Deep Dive

Mr Peter Skitt joined Ms Brown to present the Unscheduled Care Deep Dive report. Reflecting upon previous discussion regarding the TI requirements to define fragility, Mr Skitt felt it could reasonably be argued that Unscheduled Care Services is currently the most fragile service across the Health Board, particularly Emergency Departments with the significant overcrowding and workforce challenges. Mr Skitt recognised the value the GP Out of Hours service has played a big part in reducing hospital admissions during evening and weekends however due to the

nature of the service there continue to be capacity challenges where GP home visits may be required. Members noted an improved position for district nursing capacity at weekends which is positive however there is a need to consider the continuation of the SDEC model. Mr Skitt emphasised that while work continues to mitigate the risks being faced at UEC, it is clear that a whole system transformation is needed to make the necessary changes to provide an appropriate service.

Drawing members' attention to the performance trajectory within the report, Mr Skitt highlighted that there was an improved position in waiting times during the winter pressures of 2024, however this was due to the significant work and extra hours undertaken by staff to and reflected that this was more of a holding position as opposed to a true picture of improvement. It was positive to note that more patients are presenting via the SDEC pathway which is having a positive impact on admission levels however community wrap around services need strengthening to give people the confidence to stay at home where possible and not present back to UEC services should deteriorating occur.

Mandy Davies joined the meeting.

In terms of patient flow, Mr Skitt advised that the report also provides information on the revised Hospital Flow framework with several measures introduced such as discharge toolkits for staff.

Mr Skitt drew attention to the Getting it Right First Time Reports and action plans following review of the Health Board ED departments. The findings, although upsetting to absorb, have not been surprising, and work continues to address fragilities, particularly around the staffing position for ED Consultants, and overcrowding issues. Multi agency regional stakeholder meetings are underway to try and develop an approach for whole system transformation which will include strengthening community models.

On behalf of Llais Cymru, Mr Samuel Dentten shared wholehearted support for the transformation proposals in this space and highlighted that it is positive to see a whole system response to this systemic issue. Mr. Dentten highlighted that as transformation unfolds communication with the public will be essential to ensure there is a common understanding that the healthcare model is going to look different in the future to what people are used to, and Llais will be keen to collaborate with colleagues on this journey.

In agreement, Mr Carruthers commented that it is widely recognised that the standard of service currently being provided to patients is not acceptable and requires change. Mr. Carruthers updated Members that the previous week the Health Board experienced two of the busiest days in the Glangwili Accident and Emergency department, with 184 attendances the previous Friday. Mr Carruthers advised that a more focused approach is

being considered over the next twelve months collectively between Executive Leads, to gain traction in the transformation space and there will be involvement required from all services. Ms Lewis raised the immediate concern while the transformational work is undertaken, regarding the current clinical impact on patients due to the challenges with the UEC model.

In response to Ms Lewis' question regarding patient outcomes in the meantime, Ms Karen Brown shared the national statistic that patients who spend more than 12 hours in ED are twice as likely to die than those treated or transferred or discharged within 2 hours as there is a risk of not knowing the level of acuity of unwell patients due to workforce challenges and overcrowding. Ms Brown emphasised that the challenges in ED are part of wider system pathway challenges and agreed with Mr Carruthers that all services need to be involved with change. Ms Lewis highlighted that this type of local statistical data, aligned with research evidence, will be compelling and is likely to amplify the Board's appetite for strategic change.

In terms of the service impact due to challenges in A&E, Mr. Peter Skitt felt that the wider Multi-Disciplinary Team 'Big Room discussions' that are being undertaken on a regular basis are proving to be helpful, with learning being actively shared. The meetings have been valuable for MDT solutions for issues. The way the teams are working together has been encouraging and shows engagement in the change process.

Mr Carruthers reflected upon a service visit undertaken to Urgent Care Services in Denmark, and felt there are opportunities for learning from this model as significant elements of the service configuration were consistent with what Hywel Dda aims to achieve. Mr. Carruthers feels that the step change needs to be bold and brave and based on learning undertaken.

Reflecting on the current challenges, Mr Imperato commented that the strategic and immediate answer to the challenges is to reduce patient presentation at ED's, and communicating this to the population is key given the significant pressures. **AC/PS**

Dr Gjini noted Ms Lewis' suggestion for more tangible statistical data to be shared with Board for strategic change discussions, however issued caution that as the statistic Ms Brown shared comes from a Health Care service in England, collating similar data for a smaller demographic may make the outcome less reliable and it may be more impactful to share national research information. In response to Mr Imperato's point regarding reducing footfall at A&E, Dr Gjini explained that the Social Model for Health Charter will strengthen community resilience, provide alternative options and empower the public to make appropriate choices for health care.

Noting Dr Gjini's comment regarding clinical outcome data, Ms Lewis agreed that if the reliability of the sample size is found to not

be sufficient, then this can be accepted as a legitimate outcome of the enquiry, however Ms Lewis would encourage exploring this further. Ms Lewis felt it will be a helpful shift from hearing the big national headlines, to an understanding of the local clinical outcomes for the West Wales population which is likely to gain local support and momentum for the need for change.

Ms Brown informed the Committee that an internal audit has been undertaken during the busiest day of the year in 2023 following the journey of approximately 500 patients. The findings showed that 50% of patients would have been supported better in an alternative healthcare pathway and more concerningly half of those patients were directed to A&E by healthcare professionals. Ms Lewis felt it will be helpful to pull the key headlines from these findings when the strategic direction of UEC is discussed at Public Board. Ms Lewis asked that the timescales for the revised strategic approach are provided at the next meeting via the Table of Actions.

PS

Decision: The Committee agreed to advise Board.

Assurance

**QSEC 25
(05)**

Mental Health and Learning Disabilities (MHL) Deep Dive

Ms Temple Purcell presented a deep dive into the MHL service. Members noted that the revised Mental Health and Wellbeing Strategy (2024- 2034) is being published during April 2025 to replace the previous ten year Together for Mental Health Strategy and will include plans for delivery. Ms. Purcell shared that the Directorate are heavily engaged with the national strategic discussions and highlighted that a national Patient Safety Programme has been introduced for adult inpatient wards across Wales.

In terms of the Health Boards internal escalation framework, the MHL Clinical Care Group is currently at Level 3 escalation for both quality and governance domains. The areas for improvement identified include complaints management and the length of time complaints are open, which is an ongoing piece of work for improvement. In terms of the incident data within the report, Ms Purcell explained that incidents are often linked with the Serious Untoward Incidents procedure and the investigation process takes place which can cause delays. Action plans are in place to improve the quality of care provided and robustness of governance mechanisms to meet expected standards. The Clinical Care Group is developing a quality dashboard which will include a wider range of quality metrics and more targeted breakdown of incident categories.

Providing an update on closure of overdue actions from external audits, reviews, inspections and peer review reports, Ms Purcell advised that the Clinical Care Group currently has 9 open

improvement plans, in response to recommendations generated from a range of external inspections/reviews. Many actions relate to strategic developments that have been delayed due to service capacity challenges, but work continues to make improvements.

Ms Purcell noted the risk relating to adults' access to psychological therapies. The Health Boards performance to ensure that 80% of adults referred for psychological therapy begin treatment within 26 weeks remains below target and this is undergoing regular scrutiny and monitoring. Some significant improvements have been noted however the target is not being met and this is under review for improvement.

Thanking Ms Temple Purcell for the comprehensive report, Ms Lewis queried more generally, whether the national vision for Mental Health services could be more ambitious. Providing feedback from a recent national conference event she attended with Mental Health leads, Ms Purcell was in fact struck by the level of ambition shared from peers across Wales. Ms Purcell advised that it is widely recognised that in terms of the strategic vision, Health is only one part of the wider picture, and success will depend on the strengthening of community and person-centered support mechanisms that will support people to avoid reaching crisis point. A number of approaches are being looked at including peer support and recovery colleges for example. Dr Gjini reiterated that the Social Model for Health Charter aims to build resilience in communities.

Ms Purcell is keen to champion Hywel Dda taking forward innovative pilot opportunities and is actively engaging with national leads around this. Providing an example of innovative areas being considered, Ms. Purcell shared the benefits of a user friendly shared digital platform used in Australia that is a portal for accessing different support options for service users. Discussion took place regarding the significant work undertaken in 2018 on Transforming Mental Health (TMH), and there was a lack of understanding about why the Programme did not reach its maximum potential and a need to ensure the learning from this has not been lost. Ms Lewis urged the service to be ambitious and innovative in its transformation agenda rather than waiting for national direction. Mr Carruthers shared that learning from the TMH Programme is being fed through the current review of UEC model, for example the success of the NHS 111 press 2 for Mental Health service.

Ms Lewis noted the helpful update and quality impact assessment shared relating to the Ceredigion Community Mental Health Team temporary service changes, and a further discussion will take place with the Lead Executive for the Committee on how the impact on quality, safety and experience will be monitored by QSEC going forward.

Decision: The Committee received assurance from the information presented in this report.

QSEC 25 (06) Primary Care Quality and Safety and Experience Deep Dive

Ms Rhian Bond presented the key highlights from the Primary Care Update Report including the following:

- A new Contract Assurance Framework for General Medical Services (GMS) has been developed nationally to provide assurance of delivery of the GMS Unified Contract.
- Concern has been raised regarding the increase of community pharmacy closures. Seven out of the eight breaches considered at the most recent Formal Breaches panel relate to one Pharmacy Contractor. A meeting has been arranged with the Contractor's Superintendent Pharmacist to understand the reason why locum cover has not been put in place and agree a way forward to avoid future closures due to patient impact.
- Ongoing challenges with emergency access pressures for dental care. 17,260 of appointments currently provided are in relation to urgent care which accounts for 20% of all appointments.
- 40% of Dental Practices report Dentist vacancies; with a reported trend of Dentists choosing to work privately. The Dental Commissioning Plan has been prepared and is aligned to the developing Primary Care and Community Services Strategic Plan and the HEIW Dental Workforce Plan. The Dental plan includes an investment of £1.672m in 2025/26 and £2.775m in 2026/27.
- The Health Board is participating in a pilot to extend the use of CIVICA into Primary Care. The pilot will take place in the Carmarthenshire Managed Practices in the first instance and the findings will be monitored.

In terms of the Health Board acquiring GMS contracts, Mrs Chantal Patel queried whether opportunities are occasionally revisited. Ms Rhian Bond confirmed that this has taken place for Tenby Surgery and Ashgrove Surgery but unfortunately this has been unsuccessful. Ms Bond updated Members that the Strategic Plan for GMS will be refreshed as part of the Primary and Community Strategy. On a positive note, Ms Bond updated Members that all staff at Tenby and Ashgrove Surgery are NHS salaried staff and there is no longer a regular reliance on locum GPs.

Thanking Ms Bond for the improvements in the level of intelligence contained within the report since a similar update was presented to Quality, Safety and Experience Sub Committee, Mr Severs offered constructive challenge for the Directorate to progress local metrics rather than waiting for national guidance for quality, safety and experience data collation such as the monitoring the compliance of screening programs etc. Mr Severs

offered support as Chair of the Sub Committee in changing the focus of the content from contract and performance to quality, safety focused metrics and asked that this is undertaken via Integrated Quality Finance and Performance Delivery Group. Thanking Mr Severs for the feedback, Ms Bond informed the Committee that a number of Enabling Quality Improvement in Practice Projects have been identified, and the team are progressing these initiatives. Members also noted that the quality, safety and governance structures are being strengthened.

Mr Imperato reflected upon the content of the report, and in terms of the community pharmacies closure information asked whether it would be possible for future reporting to include pharmacy coverage, and also what services are provided for a more rounded understanding of the impact (noting that different pharmacies provide different levels of care). Ms Bond replied that they can share this information, however the current data only provides a snapshot of individual patient visits and not if patients have visited more than one pharmacy due to closures.

Ms Eleanor Marks raised concern regarding future access to NHS dental services in the community, particularly the impact on long-term health and care for children and young people. Ms Marks asked whether there is an indication of public response to the proposals from Welsh Government which would mean that they will no longer be registered with one dentist, and queried how the Health Board are positioned for these potential changes. Acknowledging the challenging question to answer during the period of uncertainty, Ms Bond explained that a consultation questionnaire has been released by Welsh Government and noted that it is quite challenging to get clear feedback from the public. Generally, it is recognised that the majority of Dental Professionals are not happy with the direction of travel, and it is likely that more NHS dentists will opt to provide private services if the changes are enacted. It is expected that the majority of Health Board's across Wales will be in the same position.

Ms. Marks reiterated concerns regarding inflated patient charges that will be unattainable for preventative care for patients, and this causes inequity for the population. The risk to reducing routine dental care for children and young people is likely to have longer term economic and health implications. In agreement, Ms Lewis confirmed that as the position evolves the Committee will expect to monitor the local impact on the population.

QSEC 25 (07) Auditor General Report on Cancer Services- Deferred.

QSEC 25 (08) Infection Prevention and Control in the Community

Dr Ardiana Gjini presented an update on Infection Prevention Control in the Community following concerns raised that the Health Board report a higher rate of healthcare acquired infections compared to other Welsh Health Boards. A piece of work was

undertaken by the Health Protection Oversight Group which found that whilst for some infections the rates for the Health Board population were higher, on the whole rates of infections and the number of community incidents were not significantly higher than other Health Boards.

Referring to the data in the report, Dr Gjini has asked for a detailed analysis of S.Aureus bacteraemia for an understanding of age standardisation as the data within the report shows higher rates in the older population. Further data collection on these and other bacteraemia, including age standardised rates across the full year (April to April) is taking place and will give a better understanding of infection rates by August 2025.

Highlighting to Members that the appendix report is duplicated within the Committee papers within the Quality Assurance Report, Ms Steele commented that it will be important that this work is undertaken as part of the Infection Prevention Control Steering Group due to the scope of work requiring involvement of the Infection Prevention Control Team.

MH/CS

Thanking Dr Gjini for the helpful report, Ms Anna Lewis commented that the data has been a welcome piece of work in response to previous concerns raised by the Committee relating to community and hospital acquired infection rates. Mrs Daniel also asked, if there is an opportunity, to carry out an analysis of sepsis rates in comparison with blood counts undertaken to benchmark and ascertain whether the Health Board is an outlier in this space.

CS/AG

The Committee noted thanks to Dr Gjini and to Dr Megan Harries for the report and to Public Health Wales colleagues.

Decision: The Committee received assurance from the information above and agreed to receive longer and more detailed feedback of the age standardised rates of community infection in August 2025.

QSEC 25 (09) Quality Assurance Report

Ms Steele presented the Quality Assurance Report.

Drawing attention to the Health Inspectorate Wales tracker, which was appended to the report, Mrs Patel highlighted that there are a high number of overdue/ partially completed actions that span over a number of years. Ms Steele advised that the spreadsheet provides an overview of partially opened actions and there is work underway with the Mental Health and Learning Disabilities (MHL) Directorate to look at how these can be resolved. Providing further context, Mrs Sharon explained that a number of the actions have been superseded by national programmes of work. In terms of the Ionising Radiation (Medical Exposure) Regulations actions, Ms Steele advised that a risk assessment

has been undertaken and Audit and Risk Assurance Committee requested that these continue to be monitored.

Ms Steele provided assurance that the team have recently undertaken a piece of work to ensure the actions are aligned to the appropriate Clinical Care Group for monitoring and escalation where appropriate.

Ms Lewis noted the Welsh Risk Pool Concerns report and action plan in place and commented that this is a strong assessment report.

The Welsh Health Circulars will be reported via the Clinical Care Groups and the approach to monitor these via QSEC is under review.

Decision: The Committee received assurance from the report.

QSEC 25 (10) Minor Injuries Unit- Prince Philip Hospital

The Committee noted the Minor Injuries Unit Prince Philip Hospital update report and took assurance that patient care has not been affected since the temporary closure of the overnight service and this is evidenced by patient engagement and feedback.

Decision: The Committee took assurance from the report that patient care has been maintained at Prince Philip Hospital during the temporary change

QSEC 25 (11) Update Report on the Improvement Strategic Framework 2023- 2026

Ms Mandy Davies presented an update on the Improvement Strategic Framework 2023-26, highlighting that this is the third year of the second phase of the Framework, and soon work will commence on revamping the 2026/ 29 Enabling Quality Improvement in Practice Programme (EQliP), therefore this is a good opportunity to reflect on next steps.

Members noted that Cohort 7 is due to start in June 2025. So far, 550 colleagues have been involved with the EQliP Programme, which has undertaken 80 projects and there are not 50 Quality Improvement Coaches across the Health Board.

Ms Davies reflected on the evolution of the Programme, which started with a focus on Quality Improvement methodology, and has now evolved and focuses on leadership and empowering staff such as the developments in the staff psychological safety initiatives. The Programme is under constant review and every step includes a Plan, Do, Study Act (PDSA) approach.

Members attention was drawn to slide 11 which highlights the range of disciplines that have been engaged with the Programme

since it started and there is an increase in projects becoming Health Board wide which provides an opportunity for spread and scale activity and shared learning. The Institute for Healthcare Improvement framework is being utilised to strengthen team working. A Quality Improvement and Service Transformation (QIST) internal SharePoint page has been developed for staff to access information and enquire about getting support. Ms Davies updated Members that workshops have taken place in each county to support with Primary Care projects. In terms of Patient Safety, Ms Davies highlighted the targeted work undertaken for the most common incident themes such as medicine management, pressure damage and falls. Ms. Davies highlighted that deconditioning is a big part of the Optimal Patient Flow Programme work and the team have been advised that morning that four additional projects have been confirmed.

While recognising the significant achievements undertaken by the team, Mrs Daniel noted the need to spread and scale more widely across the Organisation. This is being considered as part of the review of Chief Executive Objectives to look at quality improvement and service transformation more broadly, aligning with the Value Based Health Programme.

Thanking Ms Davies and Ms Daniel for the helpful update, Ms Lewis commended the extraordinary journey and exceptional leadership that has been integral to the successes of the Quality Improvement Framework. As the capability grows in the organisation, Ms Lewis queried at what point the quality improvement mindset will become embedded in day-to-day business within services. Ms Lewis also urged that the Quality Improvement Framework is aligned with transformational discussions undertaken relating to Unscheduled Emergency Care to ensure an alignment of strategic planning.

Noting the vast amount of work undertaken and learning, Mrs Patel queried whether an evaluation of the impact of the 50 quality improvement coaches has been undertaken. Ms Davies confirmed that the review of the impact of the coaches forms part of the next stages of the Programme. Early reflections have been that the coaches help make service improvements sustainable with their support. Ms Davies agreed that work is needed to evidence how the quality improvement activities undertaken by the coaches (outside of EQliP) are having an impact on quality, safety and experience. Mrs Patel added that it will be useful, as service transformations progress, for an understanding of how the coaches will be involved and support the change.

Mrs Eleanor Marks commended the slides and stated that she feels positive about the actions underway and appreciates the inclusion of patients' feedback. Ms Marks shared feedback from a recent visit to Social Care services at Eastgate, Llanelli, with the Welsh Government Minister for Social Care, who was very impressed with the revised approach to discharge management

and the successes with partnership working between Health and Local Authority.

Referring to the nutritional risk assessment data which suggests that the completion timescales differ across sites, Ms Marks queried whether improvements are being explored in this space. Mrs Daniel confirmed that risk assessments are undertaken at the appropriate point of admission, and these figures continue to be monitored by the Senior Nurse Manager Team and at the Nutrition and Hydration Group. Ms Davies also felt that the process is working well and the completion of assessments continue to show an improving trajectory. Ms Marks commented that while it is pleasing to note that there has been some increase, the data suggests that further improvement work needs consideration in this space.

MD

Noting that the Community Hub appears to be a growing service, Ms Eleanor Marks sought assurance that the service is operating efficiently. Ms Davies agreed that the service has become more popular and believes it is working effectively and this can be evidenced by the level of activity. The fundamental principle that there is a person answering the phone to co-ordinate responses in a timely way has received positive feedback and due to the success, continues to grow. Ms Davies invited Ms Marks to undertake a visit to the Communications Hub which was gratefully accepted.

Decision: The Committee noted the Update Report on the Improvement Strategic Framework 2023- 2026

QSEC 25 (11) Quality, Safety and Experience Sub Committee

Mr James Severs presented the Quality, Safety and Experience Sub Committee update report and highlighted that the revised operational governance structure will strengthen reporting arrangements over the coming months with the revised Clinical Care Group updates feeding in. Mr Severs stated that Clinical Executives are in the process of clarifying future reporting for the Health Board Advisory Groups.

Decision: The Committee noted the update report

QSEC 25 (12) Listening and Learning Sub Committee Update Report-Deferred

QSEC 25 (13) Risks and Matters for Escalation to Board

QSEC 25 (14) For Information

QSEC 25 (15) JCC Quality, Safety and Outcomes Sub-Committee Highlight Report

QSEC 25 (16) Patient Experience Report

QSEC 25 (17) Date of Next Meeting: 9:30am 10 June 2025

**TABLE OF ACTIONS FROM
QUALITY, SAFETY & EXPERIENCE COMMITTEE (QSEC) MEETING
HELD ON 8 APRIL 2025**

Reference	Item	Responsible	Timescale	Update
QSEC 25 (03)	Targeted Intervention (TI) Progress Report: <ul style="list-style-type: none"> To provide assurance on the Health Board's National Clinical Audit participation and findings at its next meeting. 	IB/ SD	June 2025	<p>Complete: Assurance on Health Board participation with national clinical audits are shared via the Audit and Risk Assurance Committee.</p> <p>The revised TI monitoring and escalation process requires all parties to provide relevant updates for their respective areas. This will reduce duplication.</p>
QSEC 25 (04)	Unscheduled Emergency Care (UEC) Deep Dive <ul style="list-style-type: none"> To consider developing local data that provides a focus on clinical outcomes/ potential harm for patients due to the current UEC service configurations challenges e.g waiting times/ overcrowding. 	AC/ PS	May 2025	<p>A local UEC Dashboard is in development to cover all aspects of Emergency Department (ED) provision as a live operational tool for in real time management.</p> <p>The 6 Goals Programme and Getting it Right First Time (GIRFT) (SEDiT data) does give an overall assessment of long waits in ED.</p> <p>The development of the accelerated approach to 6 Goals will require a further review of ED waits to enable progress before next Winter.</p> <p>In order to support the Accelerated UEC Transformation Programmes, the Executive Director of Nursing is leading a piece of work to develop a set of quality and outcome metrics for UEC, set against the Safe, Timely, Effective, Efficient, Equitable, and Patient-centred (STEEP) principles.</p>

QSEC 25 (04)	Unscheduled Care Deep Dive <ul style="list-style-type: none"> To schedule a progress update on the Emergency Department Getting it Right First Time (GIRFT) action plan on the Committees Forward Work Programme. 	PS/ KL	April 2025	Complete: Scheduled on the forward work Programme.
QSEC 25 (08)	Community Infection Prevention Update <ul style="list-style-type: none"> To engage with the Infection, Prevention and Control Steering Group (IPSSG) regarding the analytical work being undertaken on age standardisation for community infections. 	MH/ CS	April 2025	Complete: The report is scheduled as part of the IPSSG forward work Programme
QSEC 25 (08)	Community Infection Prevention Update <ul style="list-style-type: none"> To consider undertaking an analysis of local sepsis rates and number of blood counts taken against national datasets to assess whether Hywel Dda are an outlier in this space. 	AG/ MH/ RR	April 2025	Complete: The report is scheduled as part of the IPSSG forward work Programme

AC: Andrew Carruthers	CS: Cathie Steele	PS: Peter Skitt	AG: Ardiana Gjini	MH: Megan Harris	RR: Rebecca Richards
IB: Ian Bebb	SD: Sharon Daniel	KL: Katie Lewis			