

Draft Minutes of the Quality, Safety & Experience Committee

Date of Meeting: **09:30, Thursday 09 April 2026**
 Venue: **MS Teams; Picton Terrace - Dolau Cothi Meeting Room**

Present: Eleanor Marks (Chair of the Committee and Vice Chair of the Health Board)
 Chantal Patel (Independent Member)
 Neil Prior (Independent Member)

In Attendance: Andrew Carruthers (Chief Operating Officer)
 Ardiana Gjini (Executive Director of Public Health)
 Caroline Burgin (Patient Safety and Assurance Manager)
 Cathie Steele (Interim Assistant Director of Nursing Assurance and Safeguarding)
 Craig Baker (Cellular Pathology Services Manager) (Part)
 Jo Bradburn (Deputy Director of Allied Health Professions) (Part)
 Dana Scott (Director of Midwifery & Professional Governance for Women & Children) (Part)
 James Severs (Executive Director of Allied Health Professions and Health Science)
 Joanne Wilson (Director of Corporate Governance/Board Secretary)
 Louise O'Connor (Assistant Director of Legal and Patient Experience)
 Mark Henwood (Executive Medical Director)
 Olwen Morgan (Assistant Director of Nursing) (Part)
 Sharon Daniel (Executive Director of Nursing, Quality & Patient Experience)
 Nadine Gould (Deputy Director of Nursing, Quality & Patient Experience)
 Sara Quarrie, (Clinical Care Group Service Director Planned & Specialist Care) (Part)
 Katie Lewis (Committee Services Officer)

Apologies: Michael Imperato (Independent Board Member)
 Rhodri Evans (Independent Board Member)

Minutes Ref.	Item	Action
QSEC 26 (17)	Welcome The Chair welcomed everyone to the meeting.	
QSEC 26 (18)	Declarations of Interest There were no declarations of interest.	
QSEC 26 (19)	Minutes from the Previous Meeting and Table of Actions from the meeting held on 12 February 2026	

There were no amendments or changes proposed. The table of actions was reviewed, and it was noted that all actions were marked as complete.

Decision: The minutes from the Quality, Safety and Experience Committee (QSEC) held on 12 February were **APPROVED** as an accurate record.

QSEC 26 (20) **QSEC Annual Report 2025/26**

The Chair introduced the QSEC Annual Report for 2025/26, noting that the report required approval ahead of submission to Board on 25 June 2026. The Chair took the opportunity to thank everyone who had contributed to QSEC over the past year, highlighting the contributions of Mrs Anna Lewis, the previous Chair, Mrs Sharon Daniel Lead Executive for the Committee, The Executive Team, and the Independent Members. The Chair expressed appreciation for the time and commitment by all those who have supported the work of the Committee over the past year.

Mrs Daniel noted the comprehensive nature of the report and its honest reflection of the challenges, strengths, openness and transparency of the Committee.

Mrs Chantal Patel raised two points: questioning where the challenges with 'care in the corridor' are captured within the report and requested clarity on the process for dissemination of lessons learned. It was noted that these matters were being addressed through the Learning Framework and Listening and Learning Sub Committee, which provides routine updates to QSEC, alongside ongoing work to strengthen the dissemination of learning and thematic analysis. Ms Cathie Steele also advised that she and Mrs Louise O'Connor had refreshed the Hywel Dda online Learning Library to support the sharing of case learning through 7-minute briefings. In response to a query from Mrs Patel regarding how patients who had raised concerns are informed of resulting improvements, Mrs O'Connor confirmed that improvement actions are set out in correspondence to patients at the conclusion of the complaints process.

Decision: The Committee **APPROVED** the QSEC Annual Report 2025/26.

QSEC 26 (21) **Chair's Action: QSEC Terms of Reference**

Mrs Eleanor Marks presented the recently revised Terms of Reference which were approved at Board on 26 March 2026. Mrs Daniel highlighted the addition of the Deputy Director of Nursing Quality, Patient Experience to the Membership.

Decision: The Committee **APPROVED** the QSEC Terms of Reference.

QSEC 26 (22) **Assurance and Risk Report**

Mrs Joanne Wilson presented the Corporate Risk Report and advised that 10 of the 24 risks on the Corporate Risk Register fall within the remit of the QSEC. Members were advised that several of these risks would be considered further through the Allied Health Professional (AHP) Risk deep dive which is the next item on the agenda, including an update on the risks relating to ultrasound services.

Mrs Wilson noted that all risks included within the report had been reviewed and updated since the previous meeting, with risk scores either increasing or decreasing accordingly.

An update on Welsh Health Circulars (WHCs) was also provided, with Mrs Wilson highlighting that a number are now overdue without sufficient justification. Mr Andrew Carruthers explained that non-compliance with some WHCs was often attributable to financial or workforce constraints.

Mr Neil Prior expressed concern regarding the overall number of risks across the organisation, noting that there are 24 corporate risks, approximately half of which are overseen by this Committee. He further highlighted the significant number of operational risks, estimated at approximately 600–700, which presents challenges for effective risk management at an operational level. He acknowledged that this reflects the scale and complexity of the organisation, including staffing levels and the number of sites.

Mrs Daniel emphasised the need for the Committee to move towards a more system-level approach to risk oversight, supported by analytical and aggregated assurance, rather than focusing primarily on individual risks. She highlighted the importance of explicitly identifying high-impact, long-standing risks and clarifying where risk tolerance is being applied. Mrs Daniel noted that risk tolerance is a Board-level matter and referenced recent Board discussions on risk appetite. She suggested that future reports should clearly articulate the Board's agreed risk tolerance to support Committee scrutiny.

Mr Carruthers advised that the organisation's planning process for the year had adopted a risk-based approach, which had naturally resulted in an increase in operational risks recorded on the Risk Register. He confirmed that the risks presented to the Committee represent the highest-level risks, while operational risks are appropriately managed by the Executive Team.

Mrs Joanne Wilson queried whether it would be beneficial to deliver a risk management refresher session for Independent Members following year end. This could include an overview of the risk management framework, the distinction between corporate and operational risks, and the organisations risk appetite. She also invited reflection from Independent Members on whether risk is being managed as effectively as possible by individual risk owners within the current operational environment. Mrs Marks welcomed this suggestion and agreed that a refresher

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session would support a shared understanding of risk management across the Committee.

Mrs Wilson added that a number of the Health Board's risks are, in practice, ongoing challenges. She suggested that the proposed risk session could include a detailed walkthrough of a single risk, jointly led by an Executive Lead, to provide practical context. It was agreed that this could be considered following completion of year-end processes.

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Mr Mark Henwood observed that the organisation is now discussing and declaring risks more openly and transparently. He noted that a number of the risks had historically existed, which are now being clearly articulated. He highlighted the inherently high-risk nature of healthcare delivery, given longstanding resource, workforce, and infrastructure constraints, and agreed that while this approach does not provide full assurance, it does improve Board visibility and understanding of risks.

Mrs Marks welcomed the completeness of the risk reporting and the concerns raised. She acknowledged that while the Committee cannot take full assurance due to the scale and complexity of the risks, assurance can be taken that appropriate processes are in place to monitor them. On that basis, the Committee agreed that assurance was gained in respect of the processes for risk management.

In relation to WHC's, the Committee sought clarity on those with 'unknown' status updates and tasked the executive leads to update progress and ensure that there is an articulated Risk on the Datix Risk Register that aligns with the overdue WHC's.

Executive Leads

Mrs Marks confirmed that, subject to improved reporting and continued engagement with Welsh Government, assurance was received and Members agreed with this position.

Decision: The Committee:

Risk Management

- **RECEIVED ASSURANCE** that identified controls are in place and working effectively;
- **RECEIVED ASSURANCE** that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

Welsh Health Circulars

- **RECEIVED PARTIAL ASSURANCE**, from the lead Executive Director or Supporting Officer that the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will

be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these will be updated accordingly.

Ministerial Directions (MD)

- **RECEIVED ASSURANCE** that the Health Board is compliant with the MDs issued by Welsh Government.

QSEC 26 (22) **Allied Health Professional Risks Deep Dive**

Ms Angela Bell, Ms Sara Quarrie and Ms Dana Scott joined the meeting.

Ms Angela Bell presented a detailed analysis of the Allied Health Professional Risks, focusing on the ultrasound diagnostic risks. This score reflects delays in diagnostics that may impact the consistency of care delivery without of direct patient harm. The matrix used to assess risks was discussed, emphasising the importance of evidence from each risk lead to justify risk scores. Concerns were raised about achieving Welsh maternity screening targets and the long wait times for non-obstetric ultrasound services. Potential actions and mitigations were discussed, with an emphasis on the importance of ongoing monitoring. The Clinical Care Group (CCG) prioritises addressing and mitigating identified risks which influences the annual planning process. There are currently 65 risks scoring 15 or above within the CCG, prioritised for action in the forthcoming year.

Mr Prior sought clarification on the implications of a risk score of 25 (extreme). Ms Bell explained that the extreme risk score reflects challenges in consistently delivering an acceptable quality of service and does not in itself indicate direct patient harm. Following Executive discussions, Mrs Daniel suggested separating the risk could improve transparency and support more manageable mitigating actions, particularly by differentiating between obstetric and non-obstetric ultrasound service.

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Ms Dana Scott provided further insights into specific challenges, including missed foetal anomalies and advised that the team is working on a demand capacity review to address the shortage of sonographers, focusing on training midwives within one year compared to the longer radiography route. The annual planning process for maternity services includes a plan to secure a pipeline of training to meet national standards for surveillance scans.

The Committee appreciated the detailed update and recognised the challenges in managing these risks. There was a consensus on the need for further discussions at executive level to explore potential mitigations and ensure the Committee's understanding of the risks and actions being taken.

Ms Angela Bell and Ms Sara Quarrie left the meeting.

Decision: The Committee **RECEIVED ASSURANCE** that:

- the management of risks within the CCG are safe and sustainable,
- appropriate actions are in place to further manage and mitigate the risk, addressing any gaps in control and assurances.

QSEC 26 (23) **A Path to Safer Beginnings Update Report**

Ms Scott presented the benchmarking report for the 'Path to Safer Beginnings' initiative, which assessed neonatal and maternity services across Wales. The report indicated that the team performed well, particularly in governance and psychological safety. The initiative aligns neonatal and maternity services into one perinatal team, aiming for a unified approach to care and training.

The team has developed a transformation plan to address areas where they are not fully compliant with the national standards, with a goal to deliver the perinatal one team workforce strategy over five years. Ms Scott highlighted the importance of consistent language in national documents to ensure clear benchmarks for quality which has been fed back.

The strategy includes extensive stakeholder engagement and focuses on public health principles, particularly addressing social deprivation. The team is also investing in perinatal mental health services, recognising the need for generational change in public health.

Questions from the Committee centred on the expected outcomes of the strategy, particularly in terms of patient experience and measurable improvements. Ms Scott explained that the strategy aims to provide more individualised care, with initiatives such as interactive apps for mood assessments, two hour 1-2-1 appointments with midwives, and the use of continuity and centring in pregnancy models to provide comprehensive support for women.

The Committee appreciated the detailed explanation and recognised the importance of the strategy in improving perinatal care. There was a consensus on the need for continuous monitoring and reporting on the outcomes to ensure the strategy's effectiveness.

Mr Prior noted the significant improvements in Psychological Safety within the team and enquired whether there are opportunities to spread and scale the learning arising from this culture shift. Mrs Daniel and Ms Scott undertook to feed this back and consider, subject to capacity, whether leads would be able to facilitate the sharing of learning from the cultural improvements.

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Decision: The Committee:

- **RECEIVED ASSURANCE** that the governance arrangements to support quality & safety of maternity services are robust, under regular review and focused on continuous improvement
- **NOTED** the Health Board's strong performance relative to national benchmarking.
- **ACKNOWLEDGED** the identified risks outlined in the paper are consistent with national system pressures & note the mitigation and controls currently being progressed.

QSEC 26 (24)

Review of Revised Quality and Safety Governance Arrangements

Mrs Wilson provided an overview of the review of the revised quality and safety governance arrangements, which was initiated six months after the Operational Quality, Safety and Experience Sub Committee was disestablished. The review aimed to assess the effectiveness of the new arrangements, including the introduction of Quality, Safety Intelligence Group, the Clinical Care Group structure, and other governance elements. A special thank you was noted for Ms Alison Gittins for preparing the report and Ms Cathie Steele for her critical role in developing the new structures.

The review highlighted several areas for improvement, including the tracking of actions, a lack of up-to-date terms of reference, 'Alert/ Advise/ Assure' reporting inconsistencies, quorum, and administration support for the Quality, Safety Intelligence Group. It was noted that while improvements have been made, there is still a need to strengthen the governance underpinning these arrangements.

The Committee acknowledged the comprehensive nature of the review and the need for continuous improvement in governance arrangements to ensure effective oversight and management of quality and safety. Mr Carruthers and Mrs Daniel were invited to provide further insights into the operational aspects and the steps being undertaken to address the identified issues.

The Committee discussed the transition from the previous to the new operational governance arrangements which was agreed has been positive overall. However, Ms Marks noted that the report lacked clarity in terms of next steps and Mr Prior commented that the content did not sufficiently convey the impetus for driving the proposed improvements.

In response to concern raised from Ms Marks in terms of accountability, the Executive function and an update on the arrangements, Mr Carruthers highlighted that the Executive Team had only discussed the next steps for governance arrangements at the team meeting the previous day. The report had been prepared at a point in time where decisions had not been agreed.

Mr Carruthers confirmed that a detailed plan is scheduled for the Board Seminar meeting on 23 April 2026 and emphasised the need for clear accountability and effective escalation processes.

Mr Carruthers also referred to the cultural shift required within the organisation to ensure that decisions are made at the appropriate level. The importance of having clear terms of reference for all groups and ensuring that these are reviewed annually and adhered to was also highlighted.

The Committee agreed that this should be an 'advise' item for the Board at this stage and would be explored further at Board Seminar on 23 April 2026.

Decision: The Committee **NOTED** that that while the revised quality and safety governance arrangements introduced in September 2025 represent an improvement over the arrangements formerly in place, there is further work required to fully implement and embed the previously agreed actions which will be addressed through the Action Plan.

QSEC 26 (25) **Quality Assurance Report**

Ms Cathie Steele introduced the Quality Assurance Report and highlighted the following key points:

- A Never Event involving an Nasogastric (NG) tube and a Regulation 28 has been issued following a fatality.
- An update on infection, prevention control and the actions being taken to address lessons learned.
- Mrs Louise O'Connor introduced the new 'Listening to People' initiative, which aims to transfer the focus from process-driven complaint handling to a more compassionate and timely approach to addressing concerns and learning from them. The 'Listening to People' initiative, which was implemented on 1 April 2026 aims to treat complaints and incidents as core sources of quality, safety, and learning intelligence. The focus is on early, compassionate listening and timely response to concerns. Early feedback from families has been positive.
- Mrs O'Connor highlighted the operational pressures and the need to ensure capacity to engage in early resolution processes consistently across the organisation. A more detailed report will be prepared for the next meeting.

Decision: The Committee:

- **RECEIVED ASSURANCE** that processes are in place to review, monitor and improve the quality of our service through:
 - Patient safety incidents • Nationally reported patient safety incidents • Duty of Candour • Patient Experience • Complaints management • Inquests and Regulation 28 • Infection prevention and control • Inspections and peer

reviews including activity of Healthcare Inspectorate Wales (HIW).

- **NOTED** the publication of the HIW: Strategic Plan for 2026-2030 and the NHS Wales Performance and Improvement: National Patient Safety Plan for NHS Wales for 2026-2031

QSEC 26 (26) **Listening and Learning Sub Committee (LLSC) Update Report**

Mrs O'Connor presented the LLSC update report which provided a focus on ophthalmology patient backlogs, risks to sight, facility challenges, and the need for operational solutions and impact assessment.

The Committee noted that the mitigations would continue to be monitored through the LLSC and that QSEC has scheduled a deep dive review into Ophthalmology in October 2026.

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Decision: The Committee:

- **RESPONDED** to the items that the Sub-Committee is alerting them to.
- **NOTED** the items that the Sub-Committee is advising them of
- **RECEIVED ASSURANCE** from the items that the Sub-Committee is providing assurance on

QSEC 26 (27) **Infection Prevention Control Assurance Report**

Ms Steele presented the Infection Prevention Control Assurance Report. The report, now aligned with the Quality Management System (QMS) style, includes revised targeted intervention arrangements issued by the Welsh Government in January 2026.

The escalation to level 4 was discussed, highlighting the need to focus on reducing infections by 25% as part of the de-escalation criteria. Ms Steele noted that infection figures can be challenging to shift due to low numbers, which can result in disproportionate fluctuations from relatively small changes. She also referenced three new statements and standards received for implementation and assessment.

The Committee acknowledged the improvement in presenting evidence-based reports and the importance of embedding QMS within the organisation. The Committee agreed the report would be an 'assure' item for Board.

Decision: The Committee **RECEIVED ASSURANCE** on the Health Board's current infection prevention and control arrangements, governance structures and improvement activity.

QSEC 26 (28) **Fuller Inquiry Progress of Recommendations**

Mr Craig Baker joined the meeting.

Mr James Severs presented the progress on the Fuller Inquiry recommendations in his capacity as the corporate licence holder for the Human Tissue Authority. He reported that the Team has

worked diligently over the past 12 to 18 months on the 75 recommendations, with 21 applicable to hospitals. The majority of these actions have been completed, and the Committee welcomed the progress.

The Committee agreed this would be an 'assure' item for Board and commended the Team for their efforts and the caring environment they provide for families.

Mr Baker left the meeting.

Decision: The Committee **RECEIVED ASSURANCE** that Hywel Dda University Health Board has proactively addressed recommendations from both Phase 1 and 2 reports.

QSEC 26 (29)

Quality Improvement Framework

Ms Marilize Preeze joined the meeting.

Ms Preeze presented the Quality Improvement (QI) Framework, outlining the strategic intent for the next three years, focusing on building capacity, capability, and delivering impact. The framework identifies six key areas for Quality Improvement (QI) and aims to embed QI within the QMS and strategic objectives. The Committee discussed the importance of measuring improvement with an emphasis on clearly defined outcomes. and Ms Patel emphasised the need for outcomes to be clearly articulated. The Committee acknowledged the progress made in embedding QI and noted the need for continuous improvement.

MP

The Committee agreed this would be an 'assure' item for Board and encouraged the team to proceed with their plans once approved by Board.

Ms Preeze left the meeting.

Decision: The Committee **RECEIVED ASSURANCE** from the Quality Improvement Strategic Framework and supported submission to Board for final approval

QSEC 26 (30)

First Contact Physiotherapist Update Report

Ms Jo Bradburn joined the meeting

Ms Jo Bradburn provided an update on the First Contact Physiotherapist incident raised in April 2023, detailing the governance established through the Incident Control Group, identified learning, and actions taken in response. The investigation affected nearly 4,000 patients and spanned multiple changes in senior leadership. Ms Bradburn highlighted the importance of sharing lessons learned across the Health Board and ensuring consistent models of service delivery.

The Committee discussed the challenges of inconsistent appointment / booking systems due to practices being managed through external General Medical Practices and the need for

consistent audit processes. Ms Marks acknowledged the increased number of incidents related to record keeping as a positive sign of improved auditing. The Committee agreed this would be an assure item for Board and commended the team for their efforts.

Ms Jo Bradburn left the meeting.

Decision: The Committee:

- **RECEIVED ASSURANCE** about the process followed to investigate this incident.
- **RECEIVED ASSURANCE** that the action plan responds to the learning identified in the report.
- **ENDORSED** the recommendation that the oversight of the action plan is delegated to the relevant Executive lead
- **DELEGATED** oversight of the completion of the action plan to Listening and Learning Sub-Committee for formal reporting to the Sub-Committee in six months' time

QSEC 26 (31)

Women's Health Hub

Ms Scott presented the Women's Health Hub report, highlighting the completion of year one as per the specification. The hub has increased access to services for women and positive engagement with Primary Care has taken place. Ms Scott outlined plans to build a five-tier system and spread the 1.5 model across three counties. The focus for year two includes embedding skills and expanding services.

The Committee acknowledged the positive progress and appreciated the detailed report. They had no further questions and took assurance from the update.

Ms Dana Scott left the meeting.

Decision: The Committee **RECEIVED ASSURANCE** that:

- Year 1 delivery has achieved measurable progress that the programme is improving access, reducing escalation, and being delivered safely.
- Year 2 governance will be compliant with Welsh Government requirements.

QSEC 26 (32)

Targeted Intervention Progress Report

Mrs Daniel presented the Targeted Intervention Progress Report, thanking Mr Shaun Ayres for preparing the report and providing a final escalation update against the original criteria under the quality, safety, and experience domains. The report included data on incidents, complaints, and infections.

Mrs Daniel advised that the Welsh Government issued a revised escalation framework in February 2026, and this would be the last report in its current format. Mrs Daniel agreed to work with Mr

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Ayres to consider new reporting routes for QSEC. The Committee took assurance from the update.

Decision: The Committee **NOTED** this is the final report against the original targeted intervention criteria for this domain, following the revised escalation framework issued by Welsh Government on 20 February 2026.

Clinical Care Group Update Reports

QSEC 26 (33) Planned and Specialist Care

Ms Paula Goode and Ms Olwen Morgan joined the meeting

Ms Paula Goode introduced the Planned and Specialist Care Update report and focused on cancer care, highlighting significant pathway reviews, backlog reduction, and targeted work in radiology and pathology. Ms Goode raised concerns about the long waiting times for robotic prostatectomy, which are referred to external providers, and discussed potential outsourcing solutions. The psychological impact on patients was emphasised and the importance of regular waiting list audits to prioritise patients effectively.

Ms Olwen highlighted the positive progress in governance, with the escalation level now at 2, and the productive engagement in meetings. She noted ongoing work in risks, audits, and Welsh Health Circulars. The Committee acknowledged the progress and took assurance from the update.

Ms Goode and Ms Morgan left the meeting.

Decision: The Committee **RECEIVED ASSURANCE** on the quality governance arrangements in place within the Planned Services and Specialist Care Clinical Care Group in relation to quality, safety and patient experience.

QSEC 26 (36) QSEC Work Plan 2026/27

The QSEC work plan for 2026/27 was discussed, with a commitment to add points raised during the meeting. It was noted that the work plan contains a substantial amount of content, and there may be a need for an extra Committee session to conduct deep dives and ensure quality information is obtained.

QSEC 26 (37) Reminder: Clinical Audit Programme 2026/27

Mr Henwood shared a gentle reminder to Members regarding the clinical audit programme for 2026/27, highlighting the importance of embedding clinical audit within the organisation and seeking suggestions for audits from Committee Members. To date, no

responses have been received, and a gentle reminder was issued to support the clinical audit team develop the programme.

Date of Next Meeting: 11 June 2026

QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC)/ PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD

09/04/2026

TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AC-Andrew Carruthers; DS-David Sheppard; JW-Joanne Wilson; KL-Katie Lewis; LOC-Louise O'Connor; SD-Sharon Daniel; SQ-Sara Quarrie

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
09/04/2026	QSEC (26) 22	Allied Health Professional Deep Dive • To split Risk 797 to differentiate between Obsetric and non obstetric ultrasound risks.	SQ	11/06/2026	Complete
09/04/2026	QSEC (26) 22	Risk and Assurance Report • To schedule a risk refresher session for Independent Members	JW	11/06/2026	Complete Complete - This session has been arranged for 13 August 2026.
09/04/2026	QSEC (26) 22	Risk and Assurance Report • To provide a status update on the overdue Welsh Health Circulars and ensure there is a risk aligned on the Datix Risk Register	SD, AC	11/08/2026	In progress This will be reported in August report
09/04/2026	QSEC (26) 23	A Path to Safer Beginnings • To consider opportunities to share learning from the changes in culture and psychological safety in Maternity Services across the organisation.	DS	00/01/1900	Complete Discussion taken place between the Director of Midwifery and Quality Assurance Team to share the learning via the suite of online investigation and concerns management training tools.
09/04/2026	QSEC (26) 26	Listening and Learning Sub Committee Update Report • To schedule a deep dive in to Ophthalmology Services for QSEC in October 2026.	KL	09/04/2026	Complete
09/04/2026	QSEC (26) 26	Listening and Learning Sub Committee Update Report • To schedule a report on Listening to People Regulations for the next QSEC meeting.	LOC	00/01/1900	Complete

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
09/10/2025	QSEC 25 (62)	<p>Epilepsy in Learning Disabilities Public Interest Report</p> <ul style="list-style-type: none"> To forward plan an update on the actions undertaken in response to the Public Interest report relating to Epilepsy Services for patients with a Learning Disability. 	AC	12/02/2026	<p>Complete</p> <p>There is a five point plan in the Public Interest Report that is in progress. All actions require completion in November 2025 or January 2026 and all are on track for completion.</p> <p>The plan is managed by the Ombudsman Case Manager, Learning Disability Service and the LD Epilepsy Task and Finish Group in respect to responsibility to complete the required actions.</p>
09/10/2025	QSEC 25 (65)	<p>Temporary Service Changes in Ceredigion Community Mental Health Team</p> <ul style="list-style-type: none"> To explore in more detail the localised increase in hospital admissions that has been observed and to also clarify local GP feedback following the temporary service change ahead of Board in November 2025. 	AC	26/11/2025	<p>Complete</p> <p>Planned attendance to North and South Collaborative meetings in November</p> <p>North Meeting on 20th November and South Ceredigion on 26th November to engage with GPs within the practices to obtain local GP feedback</p>