

DRAFT MINUTES OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE

Date of Meeting: **13:00, Tuesday 04 November 2025**

Venue: **Microsoft Teams Meeting**

Present: Eleanor Marks (Vice Chair)
Chantal Patel (Independent Board Member) Part
Michael Imperato (Independent Board Member)
Sarah Harraway (Independent Board Member)

In Attendance: Bethan Lewis (Assistant Director of Public Health Strategic Business and Operations) deputising on behalf of Dr Ardiana Gjini
Caroline Burgin (Patient Safety and Assurance Manager)
Cathie Steele (Interim Assistant Director of Nursing Assurance and Safeguarding)
Ceri Wisdom (Service Delivery Manager)
Charlotte Wilmshurst (Assistant Director of Assurance and Risk) deputising on behalf of Mrs Joanne Wilson
Gareth Cottrell (Deputy Chief Operating Officer)
James Severs (Hywel Dda UHB - Executive Director of Allied Health Professions and Health Science)
Jonathan Arthur (Deputy Director of Health Sciences)
Katie Lewis (Committee Services Officer)
Neil Griffiths (Service Delivery Manager of Urology and Rheumatology)
Olwen Morgan (Assistant Director of Nursing)
Paula Goode (Service Director for Planned and Specialist Care)
Sara Jones (Service Delivery Manager - Endoscopy & Gastroenterology) (Part)
Sharon Daniel (Executive Director of Nursing, Quality & Patient Experience)
Subhamay Ghosh (Associate Medical Director For Quality & Safety)

Minutes Ref.	Item	Action
QSEC 25 (69)	Welcome, Apologies and Matters Arising	

Ms Eleanor Marks opened the meeting and informed the Committee that the Chair, Mrs Anna Lewis, had sent her apologies and would not be chairing any further meetings of the Quality, Safety and Experience Committee as her tenure had come to an end. The Committee expressed their sincere appreciation to Mrs Lewis for her outstanding leadership, kindness and vision throughout her time as Chair. Members acknowledged her measured approach, insightful contributions, and the quality of her questioning, all of which have greatly benefited the work of the Committee.

The Committee recorded their heartfelt thanks and best wishes to Mrs Lewis for the future, noting that she will be greatly missed.

Apologies were noted from:

- Amanda Glanville (Assistant Director of People Development)
- Ardiana Gjini (Executive Director of Public Health)
- Joanne Wilson (Director of Corporate Governance/Board Secretary)
- Louise O'Connor (Assistant Director)
- Mark Henwood (Executive Medical Director)

QSEC 25 (70) **Minutes of the extraordinary meeting that was held on 15 September 2025 and Table of Actions**

Decision: The draft minutes from the meeting held on 15 September 2025 were approved as an accurate record.

QSEC 25 (71) **Urology Deep Dive**

Mr Neil Griffiths presented an update on the Urology Service, supported by a slide deck outlining service fragilities, mitigation actions during the development of the Clinical Services Plan.

Mr Griffiths reported that the service continues to experience sustained pressures due to workforce gaps, diagnostic bottlenecks and theatre constraints. Despite these challenges, there has been consistent improvement in performance, including a reduction in the waiting list from approximately 8,000 to just over 5,600 patients over the past three years. Referral to Treatment (RTT) performance and outpatient throughput have also improved during this period.

A prostate pilot undertaken since 2023 has informed transformation plans for the prostate cancer diagnostic pathway and highlighted the need to expand the Clinical Nurse Specialist (CNS) team to enhance patient experience and pathway coordination. Short-term actions include MRI outsourcing and expansion of Local Anaesthetic Transperineal (LATP) biopsy capacity. Longer-term, the Clinical Services Plan aims to establish a dedicated Urology Investigation Unit to improve service sustainability.

Mr Griffiths advised that the service now has zero patients waiting over 52 weeks, with a Did Not Attend (DNA) rate of 1.1% for follow-ups, among the lowest in Wales. Improvements were attributed to better scheduling, enhanced patient engagement, and pathway efficiency.

Plans are in place to address ongoing diagnostic and theatre capacity challenges, including additional theatre sessions to reduce the ureteroscopy backlog, outsourcing MRI scans, and expanding LATP capacity. These measures are expected to improve cancer pathway performance from 25% to 68% compliance by March 2026. The team is also working to increase

Clinical Nurse Specialist (CNS) posts to support prostate and bladder cancer pathways, with discussions underway regarding potential funding from Prostate Cymru.

Mr Griffiths noted further actions to strengthen quality and safety, including expanded transfusion training following a recent ward incident, and the introduction of PKB and remote monitoring pathways for PSA patients by March 2026.

Mrs Sharon Daniel welcomed the reduction in open complaints over the past 20 months however queried the recent minor increase. Mr Griffiths explained that the rise was mainly associated with follow-up capacity pressures, which are being addressed through redesign of outpatient appointments. He confirmed that weekly meetings are held to review complaints and that themes identified have led to actions such as enhanced consent training.

In response to queries from Mrs Daniel and Mrs Patel regarding CNS workforce development, Mr Griffiths confirmed that plans focus on dedicated prostate and bladder CNS roles, with robust governance arrangements being developed to ensure appropriate supervision and collaboration within MDT structures.

Mrs Patel commended the operational recovery achieved to date but expressed concern regarding long-term sustainability. Mr Griffiths acknowledged ongoing reliance on diagnostic and theatre capacity across services and reiterated that the proposed Urology Investigation Unit will be key to delivering sustainable improvement.

Mr Michael Imperato queried whether a single metric could best demonstrate service stability. Mr Griffiths advised that the key indicators relate to the achievement of RTT targets and the 28-day diagnostic target for USC patients.

Ms Harraway sought clarification on the timelines for increased theatre capacity for patients awaiting ureteroscopy with stents in situ. Mr Griffiths advised that additional sessions are being pursued through the scheduled care planning process, with improvements anticipated by March 2026.

Mr Andrew Carruthers provided assurance that short-term actions are being implemented to support the cancer pathway and that improvements in access are expected by February 2026. He noted ongoing challenges with recruitment and funding for theatre capacity.

In response to queries from Mrs Patel and Ms Marks, Mr Griffiths confirmed that collaborative discussions are taking place with Swansea Bay University Health Board regarding resource sharing. He also explained that references to 'fragmented communication' relate primarily to system-wide capacity and outsourcing challenges.

Ms Marks highlighted the CNS expansion supported by Moondance funding and queried whether internal charitable funds had been considered. Mr Griffiths confirmed that charitable funds had historically supported service developments, including expansion of LATP capacity at Withybush Hospital, and that further use of charitable resources was being explored.

Mr Griffiths concluded that significant progress has been achieved in outpatient efficiency, diagnostics and governance. The next steps include securing additional theatre sessions, addressing diagnostic bottlenecks, expanding CNS capacity, and delivering sustainable transformation through the Clinical Services Plan. Ms Marks thanked Mr Griffiths for an informative and constructive presentation.

Decision: The Committee received assurance from the update.

QSEC 25 (72)

Dermatology Deep Dive

Ms Ceri Wisdom presented an update on the Dermatology Service, supported by a slide deck, to provide assurance regarding the quality, safety, and experience aspects of the service during development of the Clinical Services Plan.

Ms Wisdom outlined significant service fragilities, primarily resulting from a national shortage of dermatology consultants and under-resourcing compared with Swansea Bay UHB, despite serving a similar population. The service currently operates mainly from Prince Philip Hospital with limited clinical space, having lost treatment rooms during the COVID-19 Pandemic and RAAC periods of work.

The service has worked to maintain stability despite workforce pressures, relying heavily on insourcing to meet demand. Dermatology remains one of the most highly referred specialties from Primary Care, receiving approximately 250 referrals per week. Demand is projected to increase by 32% for melanoma and 43% for non-melanoma cancers over the next 20 years, driven by population ageing and increased awareness.

Challenges were also highlighted in administrative capacity, resulting in delays to patient correspondence. While patient feedback is generally positive, negative feedback relates primarily to access and waiting times.

A patient story was shared illustrating the impact of service capacity constraints, where a patient was unable to access treatment in a timely manner and was subsequently treated via A&E and paediatric collaboration. The example emphasised the potential for harm arising from capacity limitations.

To stabilise and improve efficiency, Ms Wisdom emphasised that

the recruitment of at least two substantive consultant dermatologists is required. A recruitment campaign in December 2024 was unsuccessful, but the posts will be re-advertised. Three rooms within Day Services at Prince Philip Hospital have been identified for potential use, including one treatment room to reduce reliance on insourcing. Additional administrative capacity is being sought to address correspondence backlogs.

Ms Wisdom advised that establishing a dedicated dermatology hub would improve recruitment and retention by making the service more attractive to candidates. Upskilling of GPs continues to be progressed as part of service resilience planning.

Mrs Sharon Daniel queried the 800 complaints referenced in the slides, noting this does not seem to align with reported incident numbers, and sought assurance on the incident reporting culture. Ms Wisdom explained that the complaints data reflects activity since implementation of the Datix system in 2022 and confirmed ongoing efforts to strengthen incident reporting and learning. Mrs Daniel requested future reporting of complaint trends and outcomes to provide greater insight into patient experience.

Mr Michael Imperato asked about contingency plans and potential innovative solutions, such as remote consultant opportunities, to attract candidates. Ms Wisdom acknowledged reputational challenges linked to service fragility and advised that advertising both consultant posts simultaneously may encourage applicants through peer support. Nurse consultant roles are also being explored, although medical leadership remains essential.

Ms Harraway queried the shortage of administrative staff and noted the impact of delayed communication on patient experience. Ms Wisdom confirmed that the backlog is linked to increased activity from insourcing and that overtime is being used to address delays, but additional substantive administrative posts are required.

Ms Eleanor Marks queried whether regional solutions were being explored. Ms Wisdom confirmed ongoing collaboration with Swansea Bay UHB, including a shared plastic surgery post supporting skin cancer services. Ms Paula Goode added that the exploration of additional space at Prince Philip Hospital or the new Cross Hands development could facilitate greater regional working.

Ms Marks commended the increased engagement of GPs in dermatology and asked whether this could be expanded through the GP cluster arrangements. Ms Wisdom confirmed that two GPs currently work within secondary care, with interest from a third, and discussions with Workforce are underway to establish a formal training process to support wider GP participation.

Ms Marks thanked Ms Wisdom for a comprehensive and informative report. Members recognised the significant efforts of

the team in maintaining service delivery despite longstanding workforce shortages. However, the Committee expressed concern regarding the fragility of the service and the risk that recruitment efforts may not be successful.

Mr Imperato and Mrs Harraway emphasised that while technological solutions and GP upskilling are encouraging, these measures are unlikely to resolve the immediate challenges. Members agreed that the scale of fragility and risk should be formally highlighted to the Board.

The Committee commended the team for their commitment and proactive mitigations in extremely challenging circumstances.

Decision: The Committee noted the update and received partial assurance from the actions underway to mitigate risks ahead of Clinical Services Plan.

QSEC 25 (73)

Endoscopy Deep Dive

Ms Sara Jones presented an update on the Endoscopy Service, supported by a slide deck, to provide assurance on how care is being delivered against the Safe, Timely, Effective, Efficient, and Patient-Centred principles (STEEEP) while awaiting the outcome of the Clinical Services Plan.

Ms Jones explained that many of the challenges currently faced by the service originated during the COVID-19 pandemic, when activity was paused and capacity reduced. This led to significantly extended waiting times for endoscopy procedures, compounded by ageing equipment and workforce shortages in key areas.

These combined factors created a substantial waiting list backlog. Recovery initiatives and workforce investment have since been implemented, resulting in diagnostic waiting times being restored to within ministerial standards and the diagnostic backlog fully cleared. However, approximately 1,300 patients remain on the surveillance waiting list. A recovery plan is in place, with full recovery expected by October 2026.

The service's inclusion in the Clinical Services Programme aims to ensure the ongoing maintenance of Joint Advisory Group (JAG) accreditation; and sustain delivery of waiting times and quality standards through service expansion.

Three of the four endoscopy units remain JAG-accredited and have maintained this status for 18 years. Prince Philip Hospital is not accredited solely due to environmental layout issues, although all other standards are met. Accreditation has been deferred twice in recent years owing to waiting time pressures; however, improvement trajectories are in place, and compliance against all other standards has been maintained.

The service undertakes monthly Endoscopy Quality and Safety meetings with multidisciplinary representation to promote learning,

review incidents, and identify trends. A downward trend in reported incidents has been noted since 2023.

Patient feedback mechanisms include written booklets, QR-code surveys, and a “critical friend” process through which staff follow up directly with patients (where consent is given) to explore themes in more depth. Patient satisfaction scores for safety, dignity, and comfort consistently range between 90–100%, reflecting high-quality care.

Ms Jones reported that diagnostic waiting times, which peaked at 100 weeks in 2023, have been reduced to 8 weeks since March 2025. The approved recovery plan, funded in June 2025, is being implemented and includes enhanced clinical validation and additional activity to address the surveillance backlog. Capital replacement of ageing endoscopy equipment remains a key focus, alongside ongoing workforce planning and demand–capacity modelling.

In response to a query from Ms Sarah Harraway regarding learning from the risk stratification process, Ms Jones advised that five patients are currently subject to a Root Cause Analysis to determine whether harm resulted from delayed surveillance procedures. Reviews are being undertaken with clinical leads, and findings will be reported through the governance framework once complete.

Ms Jones provided assurance that the service follows NICE and British Society of Gastroenterology (BSG) guidance to ensure patients are appropriately listed and prioritised, and that validation work has identified patients who no longer require follow-up procedures based on updated criteria.

Responding to a question from Mrs Daniel on the level of confidence in maintaining JAG accreditation, Ms Jones explained that annual evidence is submitted to the JAG assessors. The most recent review (September 2025) confirmed compliance against all standards except waiting times, which are affected by the surveillance backlog. Ms Jones expressed confidence that the agreed recovery trajectory will deliver compliance, with no more than 500 patients waiting by March 2026 and none overdue by October 2026.

Ms Jones noted that maintaining progress is dependent on continued access to enhanced staff payment rates (PARR rates) for weekend activity, as withdrawal of these rates could reduce staff participation and impact recovery. This risk is currently being monitored.

The Committee welcomed the positive progress made in clearing the diagnostic backlog and maintaining high standards of patient experience. Members noted the remaining challenge of the surveillance waiting list and the potential workforce and financial risks that could impact recovery delivery.

The Committee recognised the robust plans in place and the continued commitment of the Endoscopy team to delivering safe and timely care within available resources.

Decision: The Committee received assurance from the actions underway to mitigate risks ahead of CSP.

Date of Next meeting- 4 December 2025

Draft Minutes of the Quality, Safety & Experience Committee

Date of Meeting: **09:30, Thursday 04 December 2025**

Venue: **Microsoft Teams Meeting**

Present: Anna Lewis (Independent Board Member) (Committee Chair)
Eleanor Marks (HDdUHB Vice Chair)
Sarah Harraway (Independent Board Member)
Chantal Patel (Independent Board Member)
Michael Imperato (Independent Board Member)

In Attendance: Angela Bell (Assistant Director Quality, Safety and Patient Experience for Allied Health and Health Sciences) (*Part*)
Anna Chiffi (Assistant Director of Nursing, Patient Safety, Quality) (*Part*)
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)
Jo Bradburn (Deputy Director of Allied Health Professions)
Deputising for Mr James Severs, (Executive Director of Allied Health Professions and Health Sciences)
Joanne Wilson (Director of Corporate Governance/Board Secretary)
Lianne Gregory (Service Delivery Manager) (*Part*)
Louise O'Connor (Assistant Director of Legal, Patient Experience)
Marilize Preez (Improvement and Transformation Lead) (*Part*)
Mark Henwood (Executive Medical Director)
Olwen Morgan (Assistant Director of Nursing)
Paula Goode (Service Director for Planned and Specialist Care)
Philip Kloer (Chief Executive)
Rebecca Richards (Head of Infection Prevention)
Sharon Daniel (Executive Director of Nursing, Quality and Patient Experience)
Subhamay Ghosh (Associate Medical Director for Quality & Safety)
Victoria Coppack (Service Delivery Ophthalmology & Neurology)
Katie Lewis (Committee Services Officer)
Louisa Morris (Clinical Director for Clinical Effectiveness) (Observing)

Apologies: Andrew Carruthers (Chief Operating Officer)

James Severs (Executive Director of Allied Health Professions and Health Science)

Minutes Ref.	Item	Action
QSEC 25 (69)	<p>The Chair, Mrs Anna Lewis welcomed all to the meeting.</p> <p>Mrs Lewis acknowledged the retirement of Mr Sam Dentten (Llais Cymru), thanked him for his significant contributions to the quality, safety and experience agenda, and welcomed Ms Danielle Barisha as his successor. The Committee also expressed appreciation to Ms Jill Patterson for her long-standing service and expertise in Primary Care.</p>	
QSEC 25 (70)	Declarations of Interest	
	No declarations were made by the attendees.	
QSEC 25 (71)	Minutes from the Previous Meeting that was held on 10 October 2025 and Table of Actions	
	Mrs Lewis invited comments on the accuracy of the minutes from the previous meeting. No points of accuracy were raised, and the minutes were approved.	
	<p>Discussion on the table of actions ensued, focusing on the progress of patient experience initiatives relating to action QSEC 25 (55). Mrs Lewis emphasised the importance of providing clear commitments and detailed updates at the next meeting to support the continued progress of this agenda. The table of actions was approved with the understanding that certain items will require follow-up.</p>	LOC
	Decision: The minutes of the previous meeting were approved.	
QSEC 25 (72)	Assurance and Risk Report	
	Mrs Lewis acknowledged the challenge of providing broad assurance from the Assurance and Risk report and suggested adopting a risk-by-risk approach.	
	<p>In terms of QSEC 25 (57), relating to Corporate Risk Reference 797 - The ability to deliver ultrasound Sonography services due to workforce pressures, Mrs Joanne Wilson highlighted that this risk was discussed at length by the Executive Team the previous day. Despite ongoing mitigations, the risk score will remain high. Mrs Chantal Patel expressed concern regarding the inconsistencies presented in the report and the need for clarity between areas of improvement and those that are static or deteriorating. The Committee expressed concern with the proposed timescale of achieving the target score</p>	

by 2030 and the Chair requested that the Board is alerted to the position. The Chair also requested a brief ahead of Board from the Lead Executive on how this is being managed **(AC)** and what the data is evidencing in terms of impact on patient safety and the mitigations in place.

The discussion shifted to the challenge of care in the corridor concerns, with Mrs Patel questioning whether this should be set out as an explicit risk. Mrs Sharon Daniel responded, outlining a task and finish group has been established to focus on non-designated clinical areas and related risk assessments. Mr Mark Henwood and Mrs Wilson further elaborated on the upcoming 45-minute handover risk assessment required by Welsh Government (WG). Ms Eleanor Marks and Ms Paula Goode contributed to the discussion, highlighting the multifactorial nature of corridor care risks, including safety, staffing levels, and health and safety concerns. The Committee agreed to keep the matter under active review and focusing on clearly articulating it within the risk management framework.

The Committee then addressed the urgent and emergency care risk, with Mrs Patel seeking clarity on the mitigations to reduce the risk score. Ms Goode provided examples of fast-tracking patients to appropriate departments, while Mark Henwood highlighted the upcoming paper on seven-day streaming services to direct patients to suitable pathways. Mrs Lewis acknowledged the complexity of the challenge and the need for continued discussion.

Mr Craig Baker outlined the mitigations to address the mortuary capacity (Risk 1552). He detailed the short-term measures, including purchasing and rental of additional body storage units, which provided 60 extra spaces to manage winter pressures. Financial support funded building works at Prince Philip Hospital, adding eight spaces, with further works planned to increase freezer storage capacity by seven spaces. Mr Baker emphasised the medium-term solutions to manage the Christmas and winter period, with plans to discuss long-term solutions early next year. The matter had been escalated to WG, highlighting a national concern regarding body storage capacity. Mrs Patel questioned whether the temporary mitigations were reflected in the current risk score. Mr Baker confirmed that the score had not been reviewed since they were implemented, advising that a review is planned to follow the completion of building works.

Mrs Louise O'Connor added that delays in body storage had caused distress to families, although provided assurance that the situation had improved recently. A new care after death bereavement manager had been appointed to establish a Health Board-wide service,

ensuring equity across hospital sites and proactive communication with families.

Mr Henwood reported that work is ongoing with performance monitoring in place, noting that death certification currently averages seven days. Efforts also focused on strengthening communication with religious groups and funeral directors, alongside discussions with the General Medical Council (GMC) regarding eligibility to sign death certificates.

Mr Baker highlighted improvements in the death certification process however expressed concerns regarding delays in collection by funeral directors, which are contributing to a storage backlog.

Mrs Lewis acknowledged the extensive efforts to manage the risk and will consider a request for further updates on the emotional impact on families.

The discussion moved to changes in Continuing Health Care (CHC) funding arrangements, with Mr Michael Imperato and Mrs Wilson noting the lack of national guidance and the anticipated impact of expected developments in April 2026. The Committee recognised the need for a prompt response once guidance is available.

The discussion concluded with Risk 1032 Autism Spectrum Disorder (ASD) diagnostics. Mrs Lewis questioned why the target risk score of 16 remains the same as the current score. Mrs Marks and Mrs Wilson highlighted resource constraints and the need for a strategic approach to address this high risk area. Dr Ardiana Gjini suggested a social model approach to ASD, while Mrs O'Connor highlighted the ongoing concerns from patients and the need for more resource for integrated hubs. Mrs Lewis emphasised the significant distress experienced by families and the need for intervention to enhance the service. The Committee agreed to escalate the issue to the Executive Team for a full review and future Board discussion. **(AC)**

No comments were made regarding the Welsh Health Circulars and Ministerial Directions relating to the Committee.

Decision: The Committee **received assurance** that risk management processes and identified controls are in place and working effectively.

Mrs Daniel presented the TI Progress Report, highlighting the two alert items within the report, proposing that these should be discussed later on the agenda under items 2.6 and 4 where key members of the respective services will be present.

Ms Olwen Morgan provided an update on the work to protect trauma capacity within theatres, noting that timely operations could reduce morbidity and mortality among frail, older patients.

The Committee took assurance from the action points, and Mrs Daniel raised additional points regarding the fragile service review and the escalation criteria for trauma services. The Committee acknowledged the extensive work by Ms Goode, Mrs Morgan, and Dr Ihab Abbassi, Associate Medical Director, Planned Care. The Committee expressed gratitude for the team's efforts and agreed to take assurance from the review.

Decision: The Committee **noted** the Targeted Intervention TI Progress Report.

QSEC 25 (73) **Listening and Learning Sub Committee (LLSC) Update Report**

Mrs O'Connor provided an overview of the LLSC's recent activities which provided a focus on the Mental Health and Learning Disabilities service. Matters discussed highlighted the importance of person-centred patient care planning, staff support following adverse incidents, and compliance with Health Inspectorate Wales (HIW) recommendations post-discharge review. A special thank you was made to the parents of Kieran, who attended the meeting to discuss the loss of their son and exhibited strength and determination to implement learning and improvements to mental health services. Mrs Lewis echoed the Committee's gratitude towards Kieran's parents for their dignity and grace in sharing their experiences despite their grief.

The discussions at LLSC also touched upon the public interest report for epilepsy and learning disability access, which will be revisited in the January 2025 Board meeting.

Mrs O'Connor shared a heartwarming story about Finley, a patient whose holistic care plan, including music and surf therapy, significantly improved his wellbeing and confidence, leading him to pursue training as a mental health nurse.

As previously discussed at Board, Mrs O'Connor highlighted the Sub Committee's intention to strengthen its terms of reference (ToRs) and membership to improve

assurance outcomes, with plans to present the revised ToRs for consideration at QSEC in February 2026.

Decision: The Committee noted the items that the Sub Committee advised them of.

QSEC 25 (74) **Listening and Learning from Events Framework**

Ms Cathie Steele updated the Committee on the progress of the Listening and Learning from Events Framework, which has been published on SharePoint and includes a learning library. The framework has been scrutinised by internal audit, with findings presented to the Audit and Risk Assurance Committee (ARAC). Ms Steele emphasised the need for a structured approach to learning, using various methods to share learning across departments and creating a culture of accountability for continuous improvement.

Mrs Marks raised a question about ensuring that learning experiences are implemented across the organisation, to which Ms Steele responded with examples of successful initiatives in response to learning such as the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) project and the Message in a Bottle Programme. Mrs Daniel emphasised the need for spread and scale techniques to enhance the dissemination of improvements. Professor Philip Kloer highlighted the importance of routine listening and learning from service users, suggesting that the patient experience framework will help embed proactive communication into services.

Decision: The Committee **received assurance** on the implementation of the Health Board's Listening and Learning from Events Framework.

QSEC 25 (75) **Clinical Audit Programme**

Mr Henwood presented the clinical audit programme, describing its three strands: national clinical audits, local clinical audits, and nursing audits. The programme currently includes 94 audits, with a focus on sharing learning across the Health Board. Mr Henwood highlighted the new record-keeping audit programme and the engagement with clinical care groups to align audits with organisational priorities. The Committee discussed the need for a process to prioritise audits which will be discussed in more detail by the Executive Team, with suggestions for involving Committee Chairs and considering health equity audits. The Committee approved the clinical audit plan while expressing interest in being more involved in the decision-making process.

MH

Decision: The Committee approved the Clinical Audit Programme 2025/26.

QSEC 25 (76) **Waiting List Management**

Ms Marilize Preez joined the meeting and provided an interim update on the review of waiting list management, revealing significant variability and inefficiencies in how waiting lists are managed across the Health Board. Key findings included the use of multiple waiting lists for the same specialties, reliance on non-standardised procedures, inconsistent discharge criteria, and poor communication with patients. The review highlighted the impact on patient experience and the need for improved governance and audit processes. Mrs O'Connor emphasised the importance of addressing poor communication, with plans for a workshop in January 2026 to improve patient experience. Ms Sarah Harraway and Ms Marks stressed the importance of considering the impact on patient outcomes and organisational efficiency, advocating for a customer service approach to improve overall patient experience.

Mrs Marks emphasised the strategic importance of improving this area for both the organisation and the patients it serves. Mrs Marks expressed optimism about the efforts to investigate the inefficiencies and complexities undertaken thus far and welcomed the development of a plan to implement improvements in the coming month.

Dr Gjini then highlighted the benefits of conducting a health equity audit, noting that those from socio-economically deprived backgrounds often experience the longest waits. Dr Gjini referenced the inclusion of beneficial elements in the digital plan for prevention and indicated that a senior leadership team member, Ms Glenna Jones, would be working on steering the initiative towards a "waiting well" service. Dr Gjini recognised the complexity of the challenge and welcomed the oversight being provided.

Mr Henwood added context by discussing the significant impact of delayed appointments and potential misdiagnoses, which can lead to severe outcomes such as loss of life from advanced cancer. He stressed the inefficiency of the current system and the importance of improved communication with patients to reduce Did Not Attend (DNA) rates. Mr Henwood noted the compassionate work of clinicians in overcoming communication challenges, however the systems in place are not consistent or reliable.

Mrs Daniel briefly touched on the impact, outcome, and value of the initiatives being discussed. She referred to the importance of linking early findings into upcoming Board papers on customer services and digital elements, ensuring that ongoing work is integrated and progressed effectively.

Mrs Wilson suggested that the various strands of work should be collated and presented to the Executive Team before returning to the Committee with a clear plan. Mrs Lewis supported this approach, acknowledging the urgency and importance of the work while emphasising the need for clear communication and respect towards patients.

SD/AC

Prof Kloer concluded the discussion by recognising the scale of the challenges and the need for a fundamental overhaul of how the organisation connects with patients. He stressed the importance of balancing immediate improvements with long-term solutions. Mrs Lewis echoed this sentiment, suggesting that quick change ideas could be tested in isolated services to inform broader work.

Decision: The Committee **received assurance** that a full review and report relating to Waiting List Management will be completed for consideration to inform a Health Board action plan.

QSEC 25 (77) **Quality Assurance Report**

The Quality Assurance report discussion began with Ms Steele linking the report to earlier discussions on the Targeted Intervention update and routine areas discussed earlier in the meeting.

Thanking Ms Steele, Mrs Lewis reflected on the report's evolution since 2018, noting significant improvements in data presentation. She suggested further refinements to enhance readability and ensure focus on key priorities and proposed a review of how effectively the report meets the Committee's needs.

Mrs Daniel expressed optimism that the development of Clinical Care Group (CCG) reports would allow for less detail in the overarching assurance report, improving its clarity and effectiveness.

Ms Steele considered reverting to a paper format to provide more narrative and learning behind the data, suggesting that the report could serve as a supporting document rather than a primary narrative. The Committee

decided to review the format of the quality assurance report to enhance readability and focus on key areas.

Mrs O'Connor provided an update on complaints management, correcting figures in the targeted intervention report and detailing progress in reducing the backlog of complaints. She highlighted progress to improve the timeliness of complaint resolutions and the upcoming implementation of new regulations.

Ms Harraway raised a broader concern about demonstrating the impact of closed actions on reducing risk and improving patient experience. Ms Steele acknowledged the need to shift the report's focus towards impact and learning.

Ms Rebecca Richards discussed challenges in infection prevention and control (IPC), particularly around C difficile rates. She highlighted operational pressures, such as ambulance handovers and surge capacity boarding, which impact IPC compliance. Ms Richards outlined ongoing projects aimed at reducing infections and improving antimicrobial stewardship.

Dr Gjini added context on the predisposition of the local population to infections due to factors like aging and comorbidities. She noted that while the number of cases is small, fluctuations are high due to extensive testing.

Mr Henwood expressed optimism that upcoming initiatives, such as electronic prescribing, would enhance oversight and help reduce infection rates. He emphasised the importance of linking services and projects to achieve meaningful improvements.

Mrs Daniel suggested including primary care prescribing data in future reports to identify any outliers and provide a comprehensive view of infection prevention work.

Ms Richards provided an update on flu prevalence and the Health Board's approach to universal masking, explaining the rationale behind monitoring prevalence and reviewing risk assessments.

Mrs Lewis concluded the discussion by acknowledging the comprehensive nature of the report and the assurance it provided, while noting that this assurance is subject to the issues raised during the discussion.

Decision: The Committee **received assurance** that processes are in place to review, monitor and improve the quality of services through various mechanisms contained within the report.

QSEC 25 (79) **Deep Dive: Orthopaedics**

Mrs Lianne Gregory provided an in-depth analysis of orthopaedics service delivery, highlighting three key areas: service delivery, quality and safety, and patient experience. She emphasised the challenges posed by WG performance management, particularly for complex patients requiring extensive pre-operative and surgical planning. Mrs Gregory noted significant progress in reducing pathway waits from four years to two and detailed current progress to further reduce the wait for the first outpatient appointment to 26 weeks through an in-sourcing contract.

From a quality and safety perspective, Mrs Gregory described the establishment of a Health Board-wide departmental meeting for sharing learning, presenting complex cases, and delivering training. This initiative involves all grades of medical staff, ward staff, physiotherapists, Allied Health Professions aiming to engage all involved in the patient pathway. She also reported a reduction in the volume and length of open waiting incidents, with only eight open Datix incidents in trauma orthopaedics as of the previous day.

Regarding patient experience, Mrs Gregory highlighted enhancements in patient communication and support through the introduction of the waiting list support service, a single point of contact, and an orthopaedic prehabilitation service. She shared positive feedback, with 60% of patients appropriately supported by the waiting list service and 40% by the orthopaedic prehabilitation service.

Looking ahead, Ms Gregory outlined proposed plans to increase efficiency and productivity to meet Getting Things Right First Time (GIRFT) standards for joint replacement surgery. These plans include aligning job plans for consultants and anaesthetists, ensuring consistent theatre teams, and maximising the use of main theatre environments. She stressed the need for general anaesthetic sessions at the Prince Philip Day Surgery unit to shift activity from main theatres, thereby increasing arthroplasty volumes.

Quality monitoring plans involve strengthening assurance through compliance with best practice standards and monthly reviews of elective activity, including auditing Key Performance Indicators (KPIs) around surgical site infections, complications, and revision rates. Mrs Gregory also mentioned the need to address data entry backlogs for the National Joint Registry and the National Hip Fracture Database.

From a patient experience perspective, Mrs Gregory proposed reducing multiple patient attendances through multidisciplinary clinics and implementing a virtual joint school alongside the waiting list support service and orthopaedic prehabilitation service.

Mrs Lewis thanked Mrs Gregory for her comprehensive presentation and opened for questions. Mrs Harraway raised concerns about the separation of trauma and elective services, questioning whether improvements in elective orthopaedics could impact trauma services. Mrs Gregory acknowledged the interdependencies between trauma and elective services and emphasised the importance of addressing both elements in a coordinated manner.

Mr Imperato inquired about productivity challenges related to theatre capacity. In response, Mrs Gregory explained the importance of delivering elective inpatient activity at sites meeting British Orthopaedics Association (BOA) standards and highlighted the potential to increase joint replacements per list through regular theatre staff and consultant anaesthetist alignment.

Mrs Patel enquired about the impact of lower medical activity on surgeons' skills. Mrs Gregory provided reassurance that consultants are delivering an appropriate volume of joint replacements annually, although achieving GIRFT standards would require further efficiency improvements. Mr Henwood provided additional assurance, noting the availability of detailed surgeon data through the National Joint Registry, which evidences no current issues with surgeon performance.

Ms Goode referenced the establishment of a theatre steering group to drive efficiency and productivity, with feedback from recent theatre walkarounds indicating areas for improvement.

Mrs Lewis concluded the discussion, expressing satisfaction with the thoroughness of the discussions and the helpfulness of the prepared slides. She encouraged Committee members to refer back to these resources in preparation for the Clinical Services Plan discussion at the Board.

Decision: The Committee **received assurance** from the Deep Dive: Orthopaedics report, recognising the strong case for change and the effectiveness of current mitigations.

QSEC 25 (80) **Deep Dive: Ophthalmology**

Ms Victoria Coppack, Service Delivery Manager for Ophthalmology and Neurology presented a detailed overview of the ophthalmology service, focusing on workforce challenges, service delivery risks, and efforts to improve patient care. She outlined the challenges experienced by delivering services across eight separate sites, which impacts recruitment, retention, training, and development of staff. Ms Coppack highlighted the fragility of the service, particularly in terms of out-of-hours on-call coverage and the reliance on a limited number of consultants.

Ms Coppack detailed the risks associated with intravitreal waiting times and delivery, noting the high-risk cohort of patients at risk of permanent sight loss. She emphasised the significant investment received to improve services, including recruiting additional staff and running additional weekend clinics. Plans to increase clinic capacity at various sites, including Cardigan and Withybush Hospital (WGH) were discussed, along with the outsourcing of intravitreal injections.

The challenges of clinic delivery and theatre capacity were addressed, with Ms Coppack noting the need to move intravitreal injections out of Amman Valley Day Hospital to outpatient departments to increase cataract delivery. She also highlighted the importance of regional consultant recruitment to support the service and improve on-call rota coverage.

Ms Coppack provided assurance on progress to manage feedback and incidents, particularly around waiting times, by regularly validating waiting lists and prioritising high-risk patients. She discussed the need for advanced roles within ophthalmology, similar to those implemented in Swansea Bay University Health Board, to maximise efficiency and capacity.

Mrs Marks raised questions about population health and the impact of an ageing population on service demand. Mrs Coppack acknowledged the growth in the ageing population and the importance of primary care input, particularly through the Welsh General Ophthalmic Services (WGOS) framework. She emphasised the need to increase service capacity and efficiency to manage the growing demand.

Dr Gjini added that regular testing and early management could reduce the clinical need for eyesight services, aligning with broader population health strategies.

Mrs Lewis thanked Mrs Coppack for her comprehensive presentation, noting the importance of the fragility scoring matrix in understanding service challenges. Committee

members agreed to take assurance from the discussion and recognised the detailed case for change presented.

Decision: The Committee **received assurance** from the Deep Dive: Ophthalmology report and recognised the detailed case for change presented.

QSEC 25 (81) **Deep Dive: Radiology**

Ms Angela Bell provided an overview of the Radiology Service, focusing on the recent escalation from level 2 to level 3 in the fragile services domain. She highlighted the challenges experienced by the senior leadership team and the impact on timely care delivery.

Ms Bell discussed the investment received in Radiology and the positive impact on service quality, particularly in terms of timely care. She also addressed key challenges in the sonography service, noting the need for additional resources and support.

The discussion provided assurance on the progress in managing service fragility and improve patient care, recognising the importance of ongoing investment and leadership support.

Members expressed satisfaction with the detailed overview and agreed to take assurance from the discussion, acknowledging the challenges and mitigations in place.

Decision: Members **received assurance** from the Deep Dive: Radiology report, acknowledging the challenges and mitigations in place.

QSEC 25 (82) **Operational Allied Health Services Clinical Care Group Update**

Ms Bell addressed the Committee regarding the challenges and progress within the sonography service. She highlighted the prolonged absence of a key team member and the increased fragility in the sonography service, particularly after the retirement of two workforce members in WGH area. This has resulted in a heightened risk score from 20 to 25. Despite these challenges, Ms Bell reported positive developments such as the annual plan funding which has enhanced radiography and radiology capacity, although demand still exceeds capacity. Plans are in place for further investment in future annual planning, and the creation of the care group operating model is seen as a beneficial step for early discussions about service impacts on diagnostics.

Ms Bell also referenced cross CCG collaboration and support from the Director of Delivery, aiming to establish

an integrated midwifery sonography service over the next one to three years. Interim plans include extending insourcing for the current workforce, addressing the national shortage of sonographers. Efforts are underway to enhance leadership within the radiography team, including appointing a quality manager and a specific leadership role to facilitate cross care group discussions and identify effective ways of working.

Mrs Lewis acknowledged the earlier discussion on ultrasound risks and enquired whether there has been a significant increase in MRI requests over the past five years. Ms Bell agreed to share this information following the meeting. Members expressed concerns regarding the increasing number of risks identified. Ms Bell explained that introducing fresh perspectives within the CCG had enabled a more thorough review of the risk register, resulting in a 30% increase in identified risks. This was seen positively as it provided clarity on risks, mitigations, and areas requiring escalation.

AB

Mrs Daniel suggested focusing on fragile services and workforce planning, particularly in transitioning from historically medical procedures towards enhanced advanced and consultant level practice. Ms Bell welcomed this support, which would align with the intention of clinicians working to top of their licence.

Mrs Lewis summarised the importance of understanding the drivers behind quality, safety, and experience proposals, recognising Radiology's central role in patient care pathways. She encouraged colleagues to use this information for Board discussions and thanked Ms Bell for her presentation.

Decision: The Committee took assurance on the quality governance arrangements in place within the Clinical Care Group in relation to quality safety and patient experience.

QSEC 25 (83) Community and Integrated Medicine Clinical Care Group Update

Mrs Anna Chiffi discussed the alignment of systems across the CCG to ensure equitable access to services. She provided an example from respiratory services where lung cancer services are centralised in Prince Philip Hospital, however efforts are made to ensure equitable access for all residents within the Health Board. Mrs Chiffi emphasised the importance of clear pathways of care, regardless of geographic location.

Ms Harraway expressed concern regarding monitoring equitable access and service provision. In response, Mrs

Chiffi explained the thematic approach being taken to address audit recommendations and the establishment of a whole system learning panel chaired by Dr Karen Brown, Associate Medical Director. This Panel reviews audits, incidents, complaints, concerns, and mortality cases, generating actions to embed learning and improve services. Mrs Chiffi highlighted the ambition to create a psychological safety environment and shared accountability for learning.

Mrs Marks questioned the implementation of audit recommendations and their impact. Mrs Chiffi detailed the focus on thematic processes and the monthly learning panel, aimed at embedding learning and foster improvements. Mrs Marks expressed reassurance in the process and management of audits.

Dr Gjini introduced the health equity impact assessment tool, designed to ensure equitable service provision. Dr Gjini stressed the difference between equal access and equitable services, aiming for everyone to benefit equally from services rather than just equal distribution.

Mrs Daniel enquired about the processes in place to reduce the escalation status. Mrs Chiffi described ongoing work to reduce open incidents, which include holding focused meetings, protecting time for ward managers, and implementing scrutiny panels. While acknowledging the challenges, she reported progress in achieving timely closure of incidents and embedding thematic learning.

Decision: The Committee took assurance on the quality governance arrangements in place within the CIMCCG in relation to quality safety and patient experience.

QSEC 25 (84) Planned Care and Specialist Services Clinical Care Group

Ms Morgan discussed the complexity of the CCG and the maturity of governance arrangements. She highlighted the backlog of outstanding mortality proportionate investigations and the steps undertaken to address these, including targeted meetings and the involvement of the Clinical director for Planned Care. Ms Morgan emphasised the importance of sharing learning across the CCG's.

Mrs Lewis expressed concern regarding a recent clinical health knowledge report which has identified that Glangwili Hospital (GGH) has almost twice as many mortality rates as Bronglais Hospital (BGH) and Withybush Hospital (WGH) for post operative trauma patients. Ms Morgan explained that the absence of orthogeriatric services at GGH is adversely affecting

patient outcomes. Work is currently underway to address this issue through collaboration with other care groups to enhance orthogeriatric provision and reduce patient outliers. Mr Henwood acknowledged that the mortality rates are unacceptable and emphasised the need for a scientific review to understand the underlying causes. He has commissioned a colleague to undertake this review, which will provide a comprehensive analysis and potential solutions. The Committee will receive an update ahead of the next meeting.

MH

Mrs Wilson provided additional context, referencing the clinical health knowledge systems report indicating almost double mortality rates for hip fractures. This underscored the urgency of addressing orthogeriatric service gaps and improving patient outcomes.

The discussion concluded with a recognition of the need for continued focus on governance, learning, and collaboration across care groups to address complex challenges and improve patient care.

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

QSEC 25(86) Use of Production Survey Guideline 568

Mrs O'Connor presented the updated guidelines for staff who wish to produce a patient-related survey. The guidelines have been updated in line with the new People's Experience Framework and the new national survey. The consultation process confirmed that the updated guidelines present no impact from an equality perspective.

Decision: The Committee ratified the updated Production and Use of Surveys Guidelines Policy number 568.

QSEC 25 (87) QSEC Work Plan 2025-26

QSEC 25 (88) Date of Next Meeting: 12 February 2026

QSEC 25 (89) Any Other Business

Mrs Daniel and other members acknowledged Mrs Lewis's contributions and impact on the Committee and the organisation since taking on the role of Chair of the Committee. Mrs Lewis thanked everyone for their kind words and emphasised the importance of teamwork in achieving success.

**TABLE OF ACTIONS FROM
 QUALITY, SAFETY & EXPERIENCE COMMITTEE (QSEC) MEETING
 HELD ON 4 DECEMBER 2025**

Reference	Item	Responsible	Timescale	Update
QSEC 25 (55)	<ul style="list-style-type: none"> Table of Actions: To confirm timelines to report back findings from engagement events to try to ascertain why the patient experience feedback from ethnic groups varies from other groups within the demographic data. 	LOC	4 Dec 2025 9 April 2026	Complete: The findings will be reported via the Quality Assurance Report in April 2026.
QSEC 25 (72)	<ul style="list-style-type: none"> Assurance and Risk Report: To share with the Chair of QSEC a more detailed brief on how risk 797 relating to Ultrasound and Sonography services is being managed, the impact on patient safety and mitigating actions. 	AC	11 Dec 2025	Complete
QSEC 25 (72)	<ul style="list-style-type: none"> Assurance and Risk Report: To consider articulating a risk relating to Corridor Care within the risk management system. 	AC	29 Jan 2026	Complete: The Executive Team discussed this as corridor care is currently incorporated within Risk 1027. It was agreed that Risk 1027 would be reviewed and provide clarity on how corridor care is managed and risks mitigated.
QSEC 25 (72)	<ul style="list-style-type: none"> Assurance and Risk Report: To escalate Risk 1032 autism spectrum disorder (ASD) diagnostic waiting times to the Executive Team for a comprehensive review and future Board consideration. 	AC	21 Jan 2026	Complete

QSEC 25 (73)	<ul style="list-style-type: none"> • Listening and Learning Sub Committee Report: To strengthen the Listening and Learning Sub Committees terms of reference and membership to improve assurance outcomes, with plans to bring revised ToR to the Committee for consideration in February 2026. 	MH/ SD/ LOC	29 Jan 2026	Agenda item 5.2 on the agenda
QSEC 25 (75)	<ul style="list-style-type: none"> • Clinical Audit Programme: To discuss developing a process to prioritise audits at Executive Team, with suggestions to involve Committee Chairs and to also considering health equity audits. 	MH	21 Jan 2026	Complete: Clinical Audit will ask clinical executives and Committee Chairs during February 2026 for priority audits which will be reported during 2026/27
QSEC 25 (76)	<ul style="list-style-type: none"> • Waiting List Management: To bring together the various strands of work relating to the waiting list management issues to the Executive Team to develop a clear plan before returning to the Committee in February 2026. 	MP/ SD/ AC	29 Jan 2026	Complete: Agenda item 3.2
QSEC 25 (77)	<ul style="list-style-type: none"> • Quality Assurance Report: To consider a review the format of the quality assurance report to enhance readability and focus on key areas. 	CS/ SD	29 Jan 2026	Complete: Review of quality assurance report undertaken taking into account discussion at the December meeting. Agenda item 3.3
QSEC 25 (82)	<ul style="list-style-type: none"> • Operational Allied Health Services Clinical Care Group Update: To clarify why there has been such a significant increase in Magnetic Resonance Imaging (MRI) scans 	AB	29 Jan 2026	Complete: The increase in demand for MRI aligns with the national trend, with both inpatient and outpatient requests rising. For inpatients, the increase corresponds with the development of national pathways, such as those for stroke. In the context of cancer staging, MRI usage has escalated in line with treatment pathways, now requiring multiple MRI scans instead of a single Computerised Tomography (CT) scan. Furthermore, direct access to MRI for patients with

				Musculoskeletal diagnoses represents another area of growth.
QSEC 25 (84)	<ul style="list-style-type: none"> Planned and Specialist Care: To undertake a review to provide a comprehensive understanding of recent clinical health knowledge (CHKs) report which has identified that Glangwili Hospital (GGH) has almost twice as many mortality rates as Bronglais Hospital (BGH) and Withybush Hospital (WGH) for post operative trauma patients 	MH/ SG	29 Jan 2026	Complete: A report is being presented to the Integrated Quality, Finance and Performance Delivery Group on 11 March and QSEC will receive an update on 9 April 2026.

LOC: Louise O'Connor	AC: Andrew Carruthers	MH: Mark Henwood	CS: Cathie Steele	OM: Olwen Morgan
SD: Sharon Daniel	SG: Subhamay Ghosh	AB: Angela Bell	MP: Marilize Preez	