

DRAFT MINUTES OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE

Date of Meeting: **09:30, Tuesday 10 June 2025**
 Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

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

In Attendance: Andrew Carruthers (Chief Operating Officer)
 Bethan Lewis (Assistant Director of Public Health Strategic Business and Operations)
 Caroline Burgin (Patient Safety and Assurance Manager)
 Cathie Steele (Interim Assistant Director of Nursing Assurance and Safeguarding)
 Donna Major, Nurse Cadog Ward
 Helen Humphreys (Head of Nursing for Professional Standards and Regulation)
 James Severs (Executive Director of Allied Health Professions and Health Science)
 Jill Paterson (Director of Primary Care, Community and Long-Term Care)
 Joanne Wilson (Director of Corporate Governance)
 Katie Lewis (Committee Services Officer- Minutes)
 Louise O'Connor (Assistant Director of Patient and Legal Services)
 Mandy Davies (Assistant Director of Nursing & Quality Improvement)
 Olwen Morgan (Assistant Director of Nursing)
 Paula Goode (Service Director for Planned and Specialist Care)
 Sharon Daniel (Executive Director of Nursing, Quality & Patient Experience)
 Sarah Williams, Senior Sister, Cadog Ward
 Subhamay Ghosh (Associate Medical Director for Quality & Safety)
 Urvisha Perez (Audit Wales) (Observing)

Apologies: Michael Imperato (Independent Board Member)
 Sarah Harraway (Independent Board Member)
 Ardiana Gjini (Executive Director of Public Health)
 Amanda Glanville (Assistant Director of People Development)

Minutes Ref.	Item	Action
	Governance	
QSEC 25 (17)	Declarations of Interest	
	There were no declarations of interest.	
QSEC 25 (18)	Minutes from the Previous Meeting and Table of Actions	
	The minutes of the previous meeting were reviewed and approved as an accurate record.	

In terms of Action QSEC 25 (04): Developing local data that provides a focus on clinical outcomes and potential harm for patients due to the current Unscheduled Care service configurations, Mrs Anna Lewis sought assurance that clinical outcomes for patients will be included within the dataset that is currently in development. In response, Mrs Sharon Daniel confirmed that Dr Subhamay Ghosh and Ms Sian Hopkins in the Quality Improvement team are currently undertaking a piece of work to review national literature and developing a proposal for metrics to capture this data which will align with the Safe, Timely, Equitable, Effective, Efficient, Person Centred (STEEEP) Domains.

Decision: The minutes and table of actions from the previous meeting were approved as an accurate record.

QSEC 25 (19) Targeted Intervention Progress Report- Executive Leads

Mrs Sharon Daniel presented the Targeted Intervention Progress Report and passed on a special thank you to Mr Shaun Ayres for preparing the slides which provide an update on the criteria specifically aligned to quality, safety and experience domains as part of the areas of escalation, which are monitored via a tracker. It was noted that where there may be gaps in the tracker, this may be due to delay in process and not necessarily a gap in practice, however, there continues to be challenges in a number of areas including infection prevention, patient communication and mental health services.

Reflecting upon the many different components of the report, Mrs Patel queried how they feed into the wider organisation, providing mental health services as an example where, although there is a lot of information and activity reported, it is not explicitly clear what is being done to resolve concerns. In terms of internal processes, Mrs Daniel advised that the 'Improving Together' sessions take place with each Clinical Care Group to scrutinise and monitor performance and activity against the domains for de-escalation. Specific Targeted Intervention meetings take place with each Clinical Care Group, and they are also asked to provide update reports from the integrated governance groups which monitor quality through to the Integrated Quality Finance and Performance Delivery Groups (IQFPD) and Executive Team.

Thanking Mrs Daniel for clarifying the reporting structure, Mrs Patel queried the impact of this and whether the Health Board is capturing and monitoring progress and whether the revised governance is having an improvement on performance and quality service delivery. In response, Mrs Wilson advised that each de-escalation criterion is mapped to each Clinical Care Group and the respective Executive Lead is responsible for monitoring whether the actions underway are having a positive impact and making the necessary improvements.

Mrs. Lewis reflected upon the content of the report and queried, in the absence of a trajectory, whether it is possible that the Health Board has become process heavy and impact light. Mrs Lewis asked whether there will, at some stage, be a review on whether the processes and reporting structures are having a material impact on delivering better quality patient experience for the population.

In response, and with reference to the patient access times in Mental Health Service (as raised by Mrs Patel), Mr. Carruthers explained several challenges, for example Welsh Government have explicitly recognised that some performance targets that have been set are not achievable which raises questions as to why the reporting is effective.

Thanking Mr Carruthers for providing further context, Mrs Lewis raised concern that as a member of the public reading the information shared, there is a vast amount of activity happening which continues to not meet the necessary targets that should be deliverable. On the same subject, Ms Eleanor Marks suggested that if the target is not feasible, then the focus should shift to improving the delivery of care for the population. Mr Carruthers acknowledged this, and in this case, the Clinical Care Group Director is undertaking a piece of work on an improved model and alternative options for service delivery. There is a Ministerial Summit for Mental Health Services in the coming week which will provide an opportunity for strategic considerations.

From a quality and safety perspective, Mrs Daniel reiterated that each care group have a trajectory for monitoring improvements, and these are evidenced via metrics however recognised that improvements are not always made at the pace required.

In terms of the number of groups that have been established, Mrs Patel reflected upon the cost and staff time taken up to facilitate and attend these different meetings, and whether a root cause analysis should take place on why the organisation cannot make changes at a quicker pace. Highlighting that this a wider conversation that is not going to be resolved within this Committee, Mrs Lewis felt that it has been important to give the concerns the attention they deserve as the Committee's assurance function is dependent on a valuable measurement system which is not felt to be available from a patient perspective.

Ms Eleanor Marks commented that the report highlights ongoing service pressures and there is a common theme of high sickness rates within several Board and Committee reports recently, for example the recently reported 12.5% staff sickness in Glangwili Hospital. Ms Marks sought assurance that there is work underway to understand why this is the case. Providing some context, Mrs. Morgan advised that there are challenges in Theatres in Glangwili Hospital at present, due to several issues including workforce model challenges and long-standing cultural challenges. A theatre staffing review has been undertaken, and the recommendation is

that an uplift maybe required for nurses, operating department practitioners and non-registered staff. The sickness rates are being impacted by staffing pressures.

The Chair suggested that a report and improvement plan which provides an understanding of the high sickness rates and cultural challenges in Theatres in Glangwili Hospital is scheduled for the next People, Organisational Development Committee and the Chair of QSEC will provide feedback on the outcome.

OM/KL

Mrs Lewis highlighted that key headlines within the report are lacking in tangible evidence, providing the C-difficile infection rates as an example where it is claimed that improvements have been made without sufficient evidence or a trend analysis. Referring to the update whereby 'March 2025 performance achieved' the target threshold with six cases. February recorded four cases, demonstrating that interventions are having measurable impact, in fact suggests a deteriorating position. Mrs Lewis highlighted that it will be helpful to have a statistical process control (SPC) chart to provide the necessary assurance as the figures could in fact be a natural fluctuation. Mrs Lewis raised concern regarding Committee and Board level reports making claims which are not appropriately evidenced.

Reflecting upon Mrs Lewis's comment, Mrs Daniel explained that as the numbers are small, it has been challenging to demonstrate improvement. The hospital's Epidemiologist helpfully collates the information, and these comments will be fed back in terms of ensuring terminology is evidenced. Mrs. Daniel explained that the number of infections has been low and consistent for several months, and the Health Board have not experienced the significant spike that other Health Boards across Wales have, however this position will continue to be monitored closely. Mrs Lewis commented that it is helpful to know that there is the right expertise in the organisation to monitor and review the numbers, however the Committee needs evidence for these types of headlines that fall under targeted intervention (TI) requirements.

Regarding infection prevention and control, Mrs Lewis queried whether the correlation between the standards of cleanliness and infection rates is being tracked, providing significant concerns regarding the standard of cleanliness that was visible during a recent visit to the maternity post-partum Dinefwr Ward at Glangwili Hospital. Mrs Lewis asked whether there is data available to suggest that Dinefwr is a hot spot for infections and also how the Health Board allocates capital budgets according to infection prevention needs. Mrs Daniel confirmed that for infections such as C-difficile, there is a lot of evidence that suggests the environment has a big impact on cross infections. The C- difficile rates for wards and areas are monitored via the Infection Prevention Control Steering Group. It was also noted that the Health Board are not an outlier in post-partum infection rates and are not seeing a high number of Datix incidents in this area.

In response to Mrs Lewis' query regarding prioritising capital budgets according to infection prevention needs, Mrs Daniel advised that the data is collated via Synbiotics system which is reported via the Integrated Quality, Finance and Delivery Group. Mr Carruthers expanded that there have been significant challenges with infrastructure and funding major repairs which have required prioritisation in recent years, and this has caused real challenges in terms of flexibility for discretionary capital funding. Mrs Lewis queried how prominently the failing estate and inadequate capital investment is being raised during discussions with Welsh Government and in response Mrs Daniel explained this is raised regularly, particularly in terms of ventilation. A review of the identification of estate deficiencies will take place by executive colleagues and consideration will be given to how feedback from Safety WalkRounds is incorporated in to quality improvement plans.

SD/LD

In terms of the recommendation in the TI slides that the Committee should receive detailed improvement plans for the patient communication strategy development across planned care services, as this represents a critical requirement for multiple de-escalation criteria, Ms Lewis queried who is leading on this work which would be confirmed ahead of the next meeting for an update. Mrs O'Connor undertook to link in with the lead to ensure alignment with the new patient experience framework.

SH/ OM

Ms Eleanor Marks requested an update on the progress of the work to review the methods of contact with patients, highlighting a variation of letters and text messages being sent to patients. Mr Carruthers advised there is a piece of work to change the default patient communication to text messages unless the patient contacts the Health Board to 'opt out' recognising this will be impacted further by Royal Mail changing to a three day a week service. Mr Carruthers has asked for a plan to be developed over the next six weeks and expects that significant progress will be made over the next six months. The Committee asked that this is tracked via the table of actions for an update on when an improvement plan can be expected and assurance that this is being picked up via the Digital Committee.

AC

Decision: The Committee noted the update and will continue to monitor the position.

QSEC 25 (20)

Patient/ Staff Story- Unscheduled Emergency Care

Mrs Louise O'Connor verbally presented a patient story that was previously presented at the Listening and Learning Sub Committee relating to a patients' experience of the Emergency Department. Prior to sharing the story Mrs O'Connor felt it was important to note that 70% of patient feedback received within Hywel Dda comes from this part of the organisation and emergency care, with 90% of that feedback felt to be positive and cited the caring nature and professionalism of staff.

'The patient woke in the early hours of the morning feeling uncomfortable and became violently sick after taking some pain killers and after 5 hours called an ambulance following advice from 111. The patient was taken to hospital to check whether he had experienced a heart attack.'

The theme from the story related to nutrition and hydration, waiting room conditions, including seating, lack of blankets, toilet facilities, dignity and respect; lack of attention/care for patients waiting due to capacity, and a perceived growing culture of acceptance amongst staff due to continued pressures.

Thanking Mrs O'Connor for sharing the patient story, Mrs Lewis asked if there is any way to convey the Committee's thanks for sharing their experience and reflected upon the consequences and impact on people when the system is over and above capacity. The systemic issues require transformation, and Mrs Lewis asked Mr Andrew Carruthers to share an update on the programme of work underway.

Mr Carruthers updated Members that an accelerated programme of care is underway, and three work streams have been established to concentrate on the following: Access, in terms of managing demand and implementing processes to sign post patients to appropriate pathways of care. The second work stream will focus on environment and address the issues raised in the patient story, and the third will focus on patient flow. Fortnightly progress updates are scheduled to be reported to Executive Team meetings.

Mr Carruthers highlighted that a large proportion of patients attending A&E can receive care via alternative pathways and the ambition is to reduce attendance to Emergency Departments by 50% by the winter period. The intention is to take steps towards a more scheduled approach for unscheduled care activity to reduce waits and triage patients more effectively. Work is underway to accelerate the shift of patient presentation to primary and community services as part of the new strategy and model. In managing better access at the front door there is an opportunity to provide a better experience for those patients who attend via an ambulance. Regional opportunities are being explored in collaboration with Swansea Bay University Health Board on the single point of contact for the emergency care pathway. A workshop has been arranged for 23 June to discuss opportunities.

Thanking Mr Carruthers for the update, Mrs Lewis reflected on the scale of the challenge and complexities of moving from an individual patient story to explaining the whole system transformation response.

Reflecting upon the patient story, Mrs Sharon Daniel provided an update that development of the unscheduled emergency care dashboard and how the metrics will capture this type of

experience as this feedback is a great source of knowledge and provides insight into what matters most to patients and will be used more effectively to improve services.

With reference to the patient describing topping up other patients' water jugs etc, Mrs Patel queried whether the use of volunteers has been explored. In response, Mrs Daniel advised that the third sector do provide this support which is helpful for the Emergency Department teams however it is not consistent enough to provide the level of service required.

Mrs Daniel provided an update that the 'Big Room' discussions in the Emergency Departments have been well received by staff which provides space for discussion on learning, sharing experience and opportunities for improvement.

Mr Carruthers advised Members that a Board Seminar has been arranged the following week and the Clinical Lead for Acute Medicine will be in attendance to discuss the vision for education and the direct access model for emergency care pathway via an NHS App. CGI (Strategic partners) have been involved in developing the solution in Canada and the person who has led on this will attend the Seminar to share learning and answer any questions.

QSEC 25 (21) QSEC Terms of Reference for Annual Review

The Committee approved the Terms of Reference with a request by the Chair to re-word section 3.27 regarding the Committee referring quality and safety matters to other Committees.

CSO

Decision: The Committee approved the Terms of Reference with minor amendment to section 3.27

Risk

QSEC 25 (22) Corporate Risk Report- Executive Leads

Ms Anna Lewis requested the following:

- An opening sentence for each Risk update that explicitly states whether the risk has increased or decreased and why, before providing the background should be included.
- To condense the narrative in the update column and to make the table /report landscape.
- To review the wording in the update provided for Risk 1664: Ophthalmology Staffing "The current impact has been scored as 4 because patients suffering irreversible sight loss is a reality" with the service.

JW

In terms of Risk 1859 relating to poor patient outcomes due to inability to effectively recognise acute deterioration, Mrs Lewis noted there has been a lot of work in this area however

highlighted that the Committee do not have the data on whether the incidents of cardiac arrests have returned to previous levels following the spike, and wondered if it is too premature to reduce this risk without this information. In agreement, Mrs Daniel shared that the increase in training and 'Call 4 Concern' pilot are positive mitigations however the data has not been confirmed to clarify if this is having impact on the number of incidents. Mrs Lewis asked that the data is included as opposed to the expectation that the risk will reduce. Ms Cathie Steele explained that the data required is Medical Examiners Team emergency calls as opposed to Datix incidents.

Referring to Risk 797 and the challenge with workforce pressures in Ultrasound services, Mrs Lewis shared an update on her recent visit to maternity services whereby staff were forthcoming to highlight this ongoing challenge. The senior midwives had confirmed that there is data available which provides examples of the consequences and impact of the challenges, which Ms Lewis had previously requested to be shared with the Committee. Ms Lewis asked that the Executive Team undertake a further discussion with the team and present the data at the next meeting for transparency on the clinical outcomes and opportunities being explored to address the workforce challenges. **AC**

In terms of the gaps in staffing, Mrs Lewis queried where decisions are being made to suggest creative new ways of working due to the ongoing shortfalls. Referring to Obstetrics in particular, Mrs Daniel explained that training programmes are underway for midwives within the Health Board however due to the training programme taking two-years the challenges cannot be resolved in a short timescale. Workforce plans need to be cognisant of this demand.

Noting that the Health Education Inspectorate Wales workforce numbers are expected to remain static next year, Mrs Patel queried how the Health Board are aligning these assumptions with future work force planning. Mrs Daniel explained that the commissioning process and Workforce Plan is overseen by the Director of Midwifery, and planning is adjusted accordingly.

In terms of Risk 1810 – The risk that the current aseptic unit at Withybush will be forced to close before the South-West manufacturing hub is operational, Mrs Anna Lewis queried whether there is a contingency plan in place. Providing context, Ms Jill Paterson advised that the unit developments are unfortunately behind schedule which is causing an ongoing increase to the risk of closure of the Aseptic Unit due to non-compliance with Quality Assurance of Aseptic Preparation Services (QAAPS) standards. Ms Paterson explained that the Health Board rely on very few staff to maintain the current Unit and there is also an ongoing risk in terms of their capacity and workload. In terms of available cover, the Directorate are training individuals to support.

Ms Paterson advised that isolators have been purchased and if the Unit was to close these could be utilised to mitigate the risks. A demountable unit at Withybush is also being progressed which would provide increased production and storage of stock for the future. Ms Paterson feels that the Committee is right to express concern around this fragility and the team are doing everything they can locally to mitigate the risks as far as possible during the progression of the longer-term solution.

On a more general point regarding the management of the Risk Register, Mrs Lewis raised concern regarding deadlines being pushed back too often and queried whether the process requires review to ensure they are recalibrated to account for the moving nature for all risks and allow the Committee to carry out its function more effectively to provide assurance to the Board which will be considered.

JW

Decision:

- The Committee agreed to advise Board of Risk 1810 - Risk to delivering effective and timely cancer service due to Aseptic Unit challenges and actions underway to mitigate the risks which will continue to be monitored by the Committee.
- The Committee requested a report on the clinical outcomes data for the staffing short falls in Sonography Services to be shared at the next meeting.
- The Committee received assurance from all other Corporate Risks reported and actions underway to mitigate the risks.

QSEC 25 (22) Occupational Therapies Paediatric Improvement Action Plan - Deferred

Assurance

QSEC 25 (23) Fragile Services Report

Mrs Sharon Daniel presented an update on the development of the framework to define levels of service fragility across the Health Board since the previous update to Committee in December 2024. The process combines elements of traditional risk management and insights from the Maturity Matrix to develop a set of criteria that was adapted and shared with the Committee last year. The purpose is for the prioritisation of service fragility and to help services develop a future vision to manage risks and for investment control for the wider organisation.

Mrs Mandy Davies explained that the Fragility Framework has aligned well with the Clinical Care Group structure to provide a tool to

understand their level of fragilities and when this becomes a critical escalation and also allows scrutiny of service management.

Decision: The Committee noted the addition of the Fragile Services Register, Improvement Plan and Quality Impact Assessment as part of the revised Fragile Services Framework to support achievement of the de-escalation criteria actions.

QSEC 25 (24) Auditor General Report on Cancer Services

Ms Paula Goode joined the meeting and presented the key highlights from the Auditor General Report on Cancer Services including the following.

- The standards for breast and cervical screening are not currently being met and this is an area of focus as part of the local cancer transformation programme.
- In Wales, there is an over emphasis on the 62-day target rather than the 28 days to diagnosis target which will also be a key element of change within the transformation programme through the development of an optimal pathway approach.
- The demand on services is increasing and is set to continue to rise and local plans need to reflect this.
- There are outdated IT systems which cause data quality issues. This is generally a national issue across cancer services. There are a lot of administrative validation and data cleansing required to ensure accurate patient tracking.

Mrs Joanne Wilson advised Members that the Auditor General report is a national report and Audit Wales will be undertaking a local audit which will be reported via Audit and Risk Assurance Committee. The relative findings can be forward planned for discussion at a future QSEC meeting.

CSO

Reflecting upon the content of the report, Mrs Anna Lewis was struck by the challenges with significant capacity issues in diagnostics services and the impact on the Health Board's overall cancer performance. In terms of challenges, Ms Goode reflected upon her experience while working in England, that an issue that she feels is unique to Wales is the categorisation process of urgent and unscheduled care diagnostics which Ms Goode believes should be categorised separately for appropriate patient prioritisation.

In terms of patient communication within diagnostics, which is an area that lot of patients and families mention as an area that requires improvement, in terms of long waits to receive updates on treatment plans. Mrs O'Connor queried what is being undertaken to make improvements in this area. In response, Ms Goode felt that this is a really important point, as although the conversion rates for patients who go through the pathway are relatively low compared to the total volume, those patients, even the ones who are not diagnosed with cancer, suffer the same level of anxiety and stress. The first step will be to actively make changes to reduce waiting times for diagnostics as well as implementing a revised process to confirm key workers for

each patient who they can talk to with any questions or concerns. Mrs O'Connor agreed and suggested maybe there is something the teams can work on collaboratively to provide information to patients at the outset that prepares people to manage expectations.

In terms of inequity of access to screening across the region, which is linked with Public Health, Mrs Anna Lewis asked for an update on this. In response, Ms Bethan Lewis is aware that the Director of Public Health is in discussion with Public Health Wales who deliver the screening service to provide them with support with accessibility and planning to make the necessary improvements for equitable access.

Decision: The Committee received assurance from the content of the report relating to the Health Board's Response to the Auditor General Report on Cancer Services.

QSEC 25 (25) Quality Assurance Report

Ms Cathie Steele presented the following key highlights from the Quality Assurance Report:

- An investigation into incident reporting across the Health Board indicates that reporting of pressure damage and moisture damage are the top classifications for the reduction in incident reporting. A decision was made in December 2023 to not report these categories on admission to hospital unless the patient has been under the clinical care of the NHS, which accounts for the reduction in numbers reported via DATIX.
- The team have undertaken a data cleansing exercise which has impacted upon the numbers of incident reporting.
- Staff survey results have indicated that staff members feel uncomfortable in reporting incidents, and the Clinical Care Groups have been asked to reinforce how important it is to report incidents at their team meetings. This piece of work aligns to the Speak up Safely agenda which the Health Board continue to embed across the organisation.
- A recent Health Inspectorate Wales inspection was undertaken at the maternity unit at Glangwili hospital, and the Health Board are awaiting the final report. Ni immediate assurances were requested.
- Concerns were recently raised by Health Inspectorate Wales (HIW) on timely response to letters seeking immediate assurance following concerns. Ms Steele has shared the dates within the report. A meeting was held with the Clinical Executives, Director of Corporate Governance, Chief Operating Officer and Chief Executive to discuss actions being taken in response to their concerns raised. Some of the concerns included incidents of whistleblowing from members of staff within the organisation and some concerns regarding not receiving adequate assurance in response letters. During the meeting, Mrs Daniel advised that HIW were keen to learn more about the progress of the Clinical Services Plan and

the new operational governance structure. Members noted that there has been a change in engagement links with HIW recently due to sickness absence and Ms Vanessa Davies has been invited to observe future QSEC meetings going forward. The role of the Board and governance arrangements was discussed during the meeting. The letter from HIW and Health Board response and actions will be included within the next Quality Assurance Report. **CS**

Highlighting the significant positive updates shared with Board and the Committees over the last few months on nurse staffing levels reaching full complement and all the hard work undertaken to reach this point, Mrs Patel queried why the data within the slides on nurse staffing levels on various wards indicates such a high number of 'not met/ not appropriate'. Ms Steele advised that there are a number of different factors, for example sickness rates, study leave or perhaps levels of acuity may be higher than routinely expected. Mrs Daniel advised there is also an element of professional judgement, with many newly qualified nurses gaining experience in making these types of assessments.

Discussion took place on the overdue HIW actions detailed on Appendix 1, and feedback for the Clinical Care Groups on ensuring the responses to the recommendations are SMART and actionable so that they do not remain on the tracker for longer than needed due to obscure technicalities.

Decision: The Committee received assurance from the Quality Assurance Report and requested an update on the recent HIW concerns raised on quality governance to be included in the next iteration.

QSEC 25 (26) Duty of Candour Report 2024/25

Thanking Ms Steele for the informative report, Mrs Lewis commented that it would be helpful to express the Health Board's commitment to the spirit of the Duty of Candour as well as the process more consistently through the report, if possible, as it is quite process focussed. **CS**

In terms of providing the number of times the Duty has been triggered in the previous year, Mrs Anna Lewis asked whether there is a way of contextualising the information to provide the number of times the Duty has been triggered compared with the total number of patient interactions. **CS**

Decision: The Committee noted the content of the report and supported the next steps to present the report to Annual General Meeting in September 2025.

QSEC 25 (27) Quality, Safety and Experience Sub Committee and Annual Report 2024/25

Mr James Severs presented the Quality, Safety and Experience Sub Committee Annual Report 2024/25 and update report.

Mrs Anna Lewis raised concern regarding low attendance from the Medical Directorate which is made explicit via the table of attendance within the Annual Review Report and sought assurance that this is being addressed by the Medical Director. Mr Severs confirmed this has been highlighted and Mr Henwood acknowledged the challenges and will undertake relevant discussions with the team.

Mr Severs requested a few minor amendments within the Annual Review Report in terms of job titles and undertook to make the amendment following the meeting.

Decision: The Committee noted the content of the report and approved the annual review report 2024/25.

QSEC 25 (28)

Listening and Learning Sub Committee Update Report, Annual Report 2024/25 and Patient Experience Framework

Mrs Louise O'Connor presented the Listening and Learning Sub Committee update report, Annual Report 2024/25 and recently developed Patient Experience framework.

Mrs O'Connor provided assurance that the patient feedback relating to unscheduled and emergency care highlighted via the Listening and Learning Update report will feed into the Emergency Department Environmental Workstream that has been established.

Members attention was drawn to the Patient Experience Framework which was recently presented at Public Board and has been shared with Committee Members for information. It is anticipated that the implementation of this Framework comes with challenges but is timely in terms of the establishment of the new Clinical Care Groups and Clinical Services Plan developments.

Mrs O'Connor believes that there are opportunities to build into the governance arrangements to ensure that feedback is taken account of and informs decision making and planning going forward. If approved today, Mrs O Connor advised that the next steps will to be to carry out a self-assessment for the Framework at Care Groups and operational level initially which will inform corporate action planning.

Reflecting upon the content of the report, Mrs Lewis asked rhetorically how much longer issues with blankets, seating and nutrition and hydration are going to continue to be the most common themes at Emergency Departments. Mrs Lewis commended Mrs O'Connor for highlighting the perceived growing culture of acceptance for the failings amongst staff, which is a dangerous position to be in, and the Committee need to continue to be challenging about that and encourage staff to do the same.

Decision: The Committee discussed and received assurance from the content of the report and approved the annual review report 2024/25.

QSEC 25 (29) CHKS Report

Dr Subhamay Ghosh presented the key highlights from the CHKS report and provided assurance that a working group has been established to review and respond to the data on readmissions, non-elective efficiency and maternity with multi-disciplinary representation.

A meeting has recently taken place with CHKs to discuss issues in terms of discrepancies within the report which are being resolved.

Dr Ghosh updated Members that actions are being undertaken to understand the data accurately, to identify and address any areas of improvement, ensure SMART actions are in place and will bring an update back to a future Committee meeting.

Decision: The Committee received assurance that further actions are being undertaken to understand the data accurately and the action plan will be presented at a future meeting.

SG

QSEC 25 (30) Getting it Right First Time (GIRFT) Governance Review

Mrs Joanne Wilson presented the process for receiving and escalating GIRFT reviews that are undertaken within the Health Board. The Chair sought assurance that learning and the strengthening of leadership approach has been undertaken to avoid previous failings happening again. Mr Carruthers provided assurance that a restructure has taken place which has enhanced leadership capacity and capability across the organisation. A programme of work on Organisational Development is starting on 2 July 2025 for senior leaders.

Decision: The Committee received assurance from the governance review undertaken into how GIRFT reports and other external reports that do not have a pre-defined process are received into the operational and corporate structures of the Health Board, and the revised processes in place to ensure these are appropriately tracked and implemented within the organisation.

QSEC 25 (31) Cleanliness Standards Audit report and Action Plan- Deferred

QSEC 25 (32) Nurse Staffing Levels Spring Cycle

Ms Helen Humphreys presented the Annual Nurse Staffing Cycles Report, highlighting that the report sets out the changes the workforce and the financial impact of the spring cycle.

Ms Donna Major and Ms Sarah Williams joined the meeting to provide a presentation on the Cadog Ward frailty unit and steps

undertaken to adopt different ways of working and escalating challenges to respond to staff shortages. The key focus has been to build and retain the team which has had positive impact on staff morale and efficiency. There have been significant improvements in quality care reported and patient experience and quality indicators have demonstrated through changes made on the Unit.

Due to timing, the Committee could not discuss the presentation at length. The Chair apologised to the team and kindly invited the team back to a future meeting to discuss the learning and improvements. Mrs Lewis also congratulated Ms Donna Major for winning the NHS Nurse of the Year Award and passed on a special thanks on behalf of the Committee for all of her hard work.

Decision: The Committee received assurance that:

- The Health Board is meeting its statutory 'duty to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.
- By receiving this report, the Health Board is meeting its statutory duty to provide a written update of the nurse staffing level of each individual ward.

For Information

QSEC 25 (33)

QSEC Work Plan 2025/26

- Shared for information

QSEC 25 (34)

Joint Commissioning Committee Quality and Safety Highlight Report

- Shared for information

QSEC 25 (35)

Date of Next Meeting: 14 August 2025

**TABLE OF ACTIONS FROM
QUALITY, SAFETY & EXPERIENCE COMMITTEE (QSEC) MEETING
HELD ON 10 JUNE 2025**

Reference	Item	Responsible	Timescale	Update
QSEC 25 (17)	Targeted Intervention (TI) Progress Report: <ul style="list-style-type: none"> To consider scheduling a report which includes an improvement plan for the high sickness rates and cultural challenges in Theatres in Glangwili Hospital to the People, Organisational Development Committee (PODCC). 	EM/ LG/ OM	June 2025	Complete
QSEC 25 (17)	Targeted Intervention (TI) Progress Report: <ul style="list-style-type: none"> To share with the Committee a plan for the development of a 'patient communication strategy' across planned care services which represents a critical requirement for multiple de-escalation criteria. 	SH/MD	August 2025	<p>In Progress: The Executive Director of Nursing, Quality and Patient Experience has commissioned a project to draw together the workstreams of the Waiting List Support Service, Patient Advice and Liaison Service (PALS) and planned care to review all patient communication channels to provide an improvement trajectory as required.</p> <p>Once the project scope is completed this will be available for review by the Committee.</p>
QSEC 25 (17)	Targeted Intervention (TI) Progress Report: <ul style="list-style-type: none"> To undertake a review of the identification of estate deficiencies and consider how feedback from safety WalkRounds feeds into the process. 	CS	August 2025	<p>Complete: A meeting has been arranged between interim Assistant Director of Nursing Assurance and Safeguarding, Quality Assurance Service Team, Infection, Prevention and Control and Estates and Capital to agree the coordinated prioritisation process.</p>
QSEC 25 (17)	Targeted Intervention (TI) Progress Report: <ul style="list-style-type: none"> To refer the plan to change the default patient communication method to text messages (unless the patient contacts 	AC	June 2025	

		the Health Board to 'opt out') to the Digital and Innovation Committee.			Complete: Forward planned for discussion at the Digital and Innovation Committee agenda setting meeting.
QSEC 25 (21)		Terms of Reference for Annual Review <ul style="list-style-type: none"> Minor amendment to section 3.27 Refer quality & safety matters which fall within the remit of other Committees accordingly. 	KL	August 2025	Complete
QSEC 25 (22)		Corporate Risk Report To incorporate the following changes for future reports: <ul style="list-style-type: none"> To include an opening sentence for each Risk update which explicitly states whether the risk has increased or decreased and why before providing the background. To condense the narrative in the update column and to make the table / report landscape. To amend Risk 1664: Ophthalmology Staffing and remove reference to reducing the risk because people are suffering irreversible sight loss. 	RW RW RW/AC	August 2025	Complete: Going forward Corporate Risks will be reported via the Governance Assurance Report. (Agenda item 1.4)
QSEC 25 (24)		Auditor General Report on Cancer Services <ul style="list-style-type: none"> To share a report on the Patient Reported Outcome Measures piece of work undertaken at a future QSEC meeting. 	PG/ DB		Complete: The scheduling of the report will be agreed during the QSEC agenda setting meeting.
QSEC 25 (25)		Quality Assurance Report <ul style="list-style-type: none"> To include an update on the concerns raised by Health Inspectorate Wales (HIW) on quality governance within the next Quality Assurance Report. 	CS	August 2025	Complete: Agenda Item 3.1

QSEC 25 (29)	CHKS Update Report <ul style="list-style-type: none"> To forward plan an update to QSEC on the action plan in response to findings from the CHKS report. 	SG	August 2025	Complete: The scheduling of the report will be agreed during the QSEC agenda setting meeting.
QSEC 25 (32)	Nurse Staffing Levels Spring Cycle <ul style="list-style-type: none"> To schedule the presentation on Cadog Ward staff nursing levels as a staff story for the next QSEC meeting. 	KL	August 2025	In Progress: Due to unavoidable commitments from the nursing staff, the patient story has been rearranged for October 2025.

AC: Andrew Carruthers	EM: Eleanor Marks	SG: Subhamay Ghosh	KL: Katie Lewis	PG: Paula Goode	CS: Cathie Steele
JW: Joanne Wilson	SD: Sharon Daniel	SH: Stephanie Hire	MD: Mandy Davies		