DRAFT MINUTES OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE MEETING

Date of Meeting: **09:30, Tuesday 11 June 2024**
Venue: **Microsoft Teams Meeting; Ystwyth Board Room**

Present:
Anna Lewis, Independent Member and Chair of the Committee
Andrew Carruthers, Executive Director of Operations
Ann Murphy, Independent Member (Part)
Ardiana Gjini, Director of Public Health
Cathie Steele, Head of Quality and Governance
Delyth Raynsford, Independent Member and Vice Chair
James Severs, Executive Director of Therapies and Health Science
Jill Paterson, Director of Primary and Long Term Care
Joanne Wilson, Director of Corporate Governance/ Board Secretary
Sam Dentten, Llais Cymru Representative
Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience
Subhamay Ghosh, Clinical Director for Quality and Safety

In Attendance:
Bethan Andrews, Service Delivery Manager (Part)
Eleanor Marks, Vice Chair of the Health Board
Jeff Bowen, Head of Patient Experience (Part)
Joanna Dainton, Head of Emergency Planning
Olwen Morgan, Assistant Director of Nursing, Safeguarding and Assurance (Part)
Robert Elliott, Director of Hotel Services and Facilities (Part)
Rhodri Evans, Independent Member
Simon Chiffi, Head of Operations (Part)
Sion James, Deputy Medical Director, Primary Care

Minutes Ref.	Item	Action
	Governance	
QSEC (24) 43	**Declarations of Interest**	
QSEC (24) 44	**Minutes from the Previous Meeting and Table of Actions**	

The Minutes of the previous meeting were approved as accurate record with the following amendments to job titles:

- Louise O'Connor- Assistant Director (Legal and Patient Experience)
- Mark Henwood- Interim Medical Director
- Lance Reed- Clinical Director of Therapies

QSEC (24) 26 Behaviours Framework: Ms Anna Lewis provided an update that the QSEC Improvement Task and Finish Group was held on Friday 7 June and the Behaviours Framework is almost in completion. Discussion will take place at a Board

Development session on 2 July in terms of next steps and whether to pilot the framework at QSEC or roll out to all Committees.

QSEC (24) 32 WHC : 1615 - Risk of Children and Young People (CYP) with continence problems not receiving containment products or service required due to lack of a cohesive service: Mrs Sharon Daniel undertook to clarify the risks and impact of this outstanding WHC on CYP at the Executive Director of Nursing Peer Group and share the information with Mrs Delyth Raynsford, CYP Champion, following concern raised on the potential inequity of service for children and adults and the impact of this outstanding WHC. **SD**

QSEC (24) 31: Ms Jill Paterson updated the Committee that a thorough review of the risks relating to the aseptic unit (Reference 1810) is being undertaken via the Executive Risk Group and the outcome of the review will be shared as part of the Corporate Risk Report in August 2024. **JP**

QSEC (24) 45 **Quality, Safety and Experience Committee Terms of Reference for Annual Review**

The Committee received the QSEC Terms of Reference for annual review which includes some minor suggested changes and details on the Committees responsibilities under the targeted intervention escalation framework. Ms Lewis queried how the Committee feels it is currently performing against the areas listed in Appendix 1 and asked if a piece of work could take place to ascertain any gaps in the Committees work plan and clarify the plan to address the gaps. **JW/ KL**

Mrs Wilson also highlighted that the Committee's responsibilities will also need to be reviewed to ensure there is no duplication of responsibilities with other Board Level Committees.

Ms Cathie Steele also suggested reference to the Committees role in monitoring compliance with the Quality Engagement Act is included within the body of the TOR.

Decision: The Committee **APPROVED** the Terms of Reference for onward ratification at Board.

QSEC (24) 46 **Patient Story**

Mr Jeff Bowen shared an audio recording from a patient with a long term condition within the Rheumatology service and shared what the patient feels to have been a deterioration in the quality of service being received due to changes made over a number of years. It was highlighted that the service has not had an opportunity to respond to the feedback yet however a decision was made to share the story as similar feedback is being reported across a number of Health Board services.

The patient recalled their initial referral to Glangwili Day Unit in 2021 which was a positive experience, however felt that over time changes

have been made to the pathway including the change in medication prescribing processes and telephone contact arrangements. Concern was raised regarding clinical escalation response times due to calls to the service being managed via the Communication Hub. Mr Bowen noted themes across the organisation in terms of difficulties for patients getting through to the right person at the right time and prescription delays.

On behalf of the Committee, Ms Anna Lewis asked that a special thank you is passed on to the patient for sharing their experience in a balanced way. Mr Sam Dentten commented that of late, the Rheumatology service has been a source of a number of complaints received by Llais Cymru, in particularly in terms of the call handling changes. Llais are in communication with the service who have been helpful in responding to concerns.

Mr Severs reflected on patient experience reports to Board, and feels that Members may not hear enough of when things have not gone right in services through the patients voice, and also it's important for the organisation to explore ways to capture the voice and experience of those who do not willingly come forward. In terms of the Communication Hub receiving the clinical calls for the Rheumatology service, Mr Severs reflected on different ways to capture patient experience for the communication hub through different methods, for example 'how do you rate the service you received' text messages.

Mrs Daniel recognised that the service have not yet had an opportunity to respond, however the feedback is useful for learning purposes, and provides an opportunity to review the scripts and clinical escalation processes which will be discussed with the Communication Hub and also to clarify mitigations in light of the current clinical nurse specialist shortages.

In agreement, Mrs Raynsford reflected that the Communication Hub has been an incredibly useful service in supporting engagement with patients on waiting lists for example however there are clearly concerns with regards to specialist services whereby urgent clinical response is sometimes needed and specialist advice. Mrs Raynsford queried whether there is an opportunity to change the scripts to support triaging patients and also explore enlisting the support of pharmacy colleagues for prescription matters.

Dr Sion James shared concern that the potential delay of patient presentation notes reaching the medical team is a risk for the Health Board, and although there are nurses based at the Hub it is important to gain assurance of the clinical escalation and response processes.

In response to the reference made to the Day Unit in Prince Philip Hospital within the patient story, Mr Andrew Carruthers updated Members that the Directorate are working hard to reinstate the service however there are accommodation challenges which are being looked in to. Mr Carruthers informed the Committee of the ongoing demand and capacity challenges within the Rheumatology service. Conversations are underway for a regional working solution with Swansea Bay University Health Board (SBUHB), and while there is a keenness, SBUHB are experiencing the same demand and

capacity challenges, and a more robust plan is required to support the service.

Ms Anna Lewis suggested that the Committee forward plan a specific item on Rheumatology for October or December 2024 looking at the broader demand and capacity issues and assurance on actions in response to the clinical escalation concerns raised. **AC/KL**

Assurance

QSEC (24) 47 **Standards of Cleanliness Action Plan**

Introducing the report on the Standards of Cleanliness action plan, Ms Anna Lewis advised that while the ongoing work has been discussed at a number of different forums within the organisation, the Committee seeks the quality, safety and experience impact of the audit results and assurance on next steps to address the issues raised in the report.

Mr Robert Elliott presented the key updates from the Standards of Cleanliness internal audit report which provided limited assurance and recommendations for action. Mr Elliott advised that an action plan has been developed which includes the establishment of an Internal Control Group which will allocate and monitor the actions and processes to address the issues raised. The actions that remain open are on programme and will appear on the Facilities tracker system for monitoring. Mr Elliot shared that the Directorate were incredibly disappointed with the limited assurance outcome and the team are addressing the recommendations with enthusiasm and pace.

Mrs Daniel shared that there have been five occasions where cleanliness issues have been reported to the Committee via the Infection Prevention Steering Group, however noted that in future there will be an increased focus in this area. Mrs Daniel added that the Infection, Prevention and Control team will be engaged in the Internal Control Group. **SD**

Referring to the actions within the report that have a timeline for completion in 2025, Mrs Raynsford asked for an explanation why such a long period of time is needed to implement these actions. Also, Mrs Raynsford sought assurance that staff, a high number of which are dedicated and hardworking and have been working in challenging situations, receive adequate training, supervision and support they deserve.

In response to the query regarding the 2025 timeline for completion, Mr Elliott explained that this refers to the phased roll out of the pilot study undertaken at GGH across the Health Board which is anticipated to take 12 – 18 months. The implementation plan which set out the programme has been approved via the Operational Planning, Governance and Performance Group.

In terms of support for staff, Mr Elliott advised that he has personally met with over a hundred members of staff over the last few months and has been impressed with how open and honest

they have been in terms of challenges being faced. There is a lot of work underway to reorganise structures to ensure the best possible support for staff and there is a keen motivation to put things right. Mr Elliott advised that additional supervisors have been appointed and there are further supervisor vacancies to be advertised shortly.

Ms Eleanor Marks queried what the risk-based approach is for quality, particularly in terms of infection, prevention and control and will welcome the outcome of the follow up audit once completed. Mr Elliott responded that the audits that have been set out in the plans will be prioritised in frequency on a risk based approach. Mr Simon Chiffi added that the roll out of monitoring high risk areas will be heavily tracked and supported.

Reflecting upon the report, Mr Severs highlighted that the standards of cleanliness do not only apply to inpatient environments, and enquired how much engagement is taking place at non-ward based areas, with recent concerns fed back regarding standards of cleanliness at pathology service and offered support to review the risk based approach arrangements.

In terms of the governance arrangements, Mr Severs enquired at what stage the proposed Environmental Hygiene Group are at in terms of membership and sought assurance that the governance will support what is needed to achieve the necessary improvements. Mr Elliott advised that the proposed Environmental Hygiene Group will have a wider membership than Facilities staff and will be led by colleagues from Infection, Prevention and Control. The Terms of Reference have been drafted and will pick up the risk-based assessments and prioritisation actions.

Highlighting that the Welsh Cleaning Standards may not be published for the next year, Mrs Delyth Raynsford queried how the Health Board will strive for excellence in the meantime and how the Health Board are comparing nationally in this space. Mr Elliot could not confirm where the Health Board are comparing nationally, however with the delay to the Welsh Cleaning Standards introduction, the Facilities team are working to the most recent cleaning standards that were introduced in 2009. Mr Elliott advised that when the new standards do come out these will incorporate these into the current strategy.

On behalf of the Committee Ms Anna Lewis queried what it would take to progress the actions at a faster pace, and have a better understanding of the choices made in terms of prioritisation for this work. Ms Lewis also raised the broader question of cleanliness across the Board, understanding that there is a focus on priority areas now however asked at what point do they consider the non-priority areas and sought an understanding of the broader position. As for the learning in response, Ms Lewis

asked for reflection on how to ensure the Health Board are not in this position again. Ms Lewis noted Mrs Daniel's comment that the cleaning standards updates will be amplified within the Infection Prevention Steering Group reports going forward and the Committee will expect the outcome report of the follow up audit to be presented when available. **RE**

Decision: The Committee noted the report and took assurance on the Cleaning Standards action plan with the caveat that they are still in the planning stage and the Committee will monitor delivery.

QSEC (24) 48 **Withybush Creche Care Inspectorate Wales Inspection Report and Update**

Mr Elliott presented the key updates from two Care Inspectorate Wales (CIW) inspections undertaken in October 2023 and March 2024. In response to the concerns raised within the inspection report, Mr Elliot advised that a Control Group, chaired by the Interim Executive Director of Nursing, and a Scrutiny Group Chaired by the Assistant Director of Nursing, Quality and Assurance have been established.Actions are on programme according to the timelines set.

Mr Elliott advised that a Responsible Individual has been appointed and staffing contingency plans for appropriate cover during staff annual leave have been implemented. The taxi service has now ceased and there has been a slight impact on attendance at the creche. The Control Group will continue to monitor the action plan.

Ms Lewis was pleased to note that the Control Group is making progress, and that learning from the inspections has highlighted a gap in governance for the CIW reports which is now being addressed. Mrs Daniel updated the Committee that the Control Group was set up from 1 May and evidence for the majority of the work was required by 30 May. The operational risks relating to the Responsible Individual and staffing have been reviewed and are now at a tolerance score of 10, and the remaining outstanding actions are due to be closed by July 2024. Work is underway in terms of the governance arrangements, to mirror the Health Inspectorate Wales (HIW) reporting going forward. Mrs Daniel shared that she has personally written to the families of the children who attend the creche to discuss any concerns they may have. One response has been received to date which was positive and the parent/guardian felt that their child has strived since starting.

Mrs Eleanor Marks commented that she is pleased that improvements are being made to ensure the appropriate reporting and governance arrangements for the CIW as a regulator and also the feedback from the parents of the child. Discussion took place on the reason why the Health Board runs a creche and it was noted that longer term strategy for the management will be discussed at the Control Group.

Mrs Raynsford asked how broader feedback is being captured from parents on their experiences. Also, in terms of the staff, Mrs Raynsford enquired how support is provided to help them develop their careers, and whether there is confidence that the measures in place are adequate. Mrs Raynsford recognised that timescales have been tight, however sought assurance that the appropriate safeguarding processes are now in place. Mr Elliott described the work underway to support staff such as ensuring Performance Appraisal Development Reviews for all of the staff. Mrs Daniel added that other actions include weekly spot checks and the implementation of the Positive Behaviour Policy were still being developed. Following concerns raised during the inspection around child life support training, hand hygiene and food hygiene awareness, Ms Cathie Steele provided assurance that training plans are now in place.

In response to Mrs Raynsford's query regarding capturing patient experience, Mr Simon Chiffi informed the Committee that he has spoken with three families who have children attending the creche, and positive feedback has been received, however disappointment has been shared regarding the removal of the taxi service. Mr Chiffi also advised that a meeting has been arranged between himself and the manager of the Creche regarding ongoing staff support.

Thanking the team for the update, Ms Lewis advised that the Committee will continue to monitor the delivery of the action plan and will expect a further update when the timing is right. In the meantime for Mrs Raynsford asked to be appraised as the Children and Young People's Champion. The Committee were also pleased to note that the Director of Operations has requested a piece of work to look at the internal governance arrangements of the Hotel and Facilities Directorate to understand why the concerns were not escalated sooner.

Decision: The Committee noted the update report and took assurance that the plan is in place and will continue to monitor delivery.

QSEC (24) 49 **Oncology Deep Dive - Deferred**

QSEC (24) 50 **Integrated Quality Impact Assessment Process and Terms of Reference**

Mrs Sharon Daniel shared an update on the revised integrated quality impact assessment process and terms of reference to demonstrate how the Health Board discharges its responsibilities under the Duty of Quality and ensure that strategic decisions are being made through a quality lens. A special thank you was passed on to Ms Cathie Steele and the team for creating the useful SharePoint tool and guidance. The process has been revised and going forward all changes to services will require a quality impact assessment. Ms Steele advised that discussions are underway with the Clinical Services Planning team on the starting point for completing these assessments.

Ms Anna Lewis thanked Mrs Daniel and Ms Steele for presenting the revised process in a clear and detailed way and highlighted that the timing of undertaking the assessments will be crucial to ensure that quality impact will be at the forefront of considerations for service changes. In terms of the Clinical Services Plan proposals, Ms Steele agreed that it will be important to think about the impact of changes on the domains of quality but the proposed models need to be defined first.

Ms Anna Lewis queried whether the role of the panel will be advisory for Board which was confirmed and also enquired how the impact will be assessed over different periods of time, for instance, 5, 10 or 15 years as this may vary. Mrs Daniel offered assurance that a built in review process will be the mechanism for monitoring the impact and also an evaluation process to assess outcomes.

Ms Anna Lewis asked why there is no operational representative on the Membership of the draft terms of reference and in response Dr Ardiana Gjini advised that when undertaking an assessment for a specific service change, members of the respective team will be involved with the meetings due to specific nature and nuances within each service.

Discussion took place on how and when the quality impact for individuals will be captured as opposed to on the wider cohort of patients. Mrs Daniel advised that Clinical Executive discussions are underway in this regard as well as potential engagement with the Ethics Panel. Ms Lewis reflected that the conclusion that may be reached is that individual experience may be different than the collective experience, and the process is about surfacing assumptions and making sure the organisation are clear on the parameters of the expected outcomes.

Cllr Rhodri Evans sought clarity on the Membership, and queried whether all members of the Executive Team will be at the meeting at the same time or Executive representation according to which service is being assessed. Mrs Daniel advised that all Clinical Executive Directors would be at the QIA Panel in the event of service changes requiring wider discussion this would be take to the all members of the Executive Team.

In response to a further query from Cllr Evans who wished to clarify how the Committee would be engaged with the process, Ms Cathie Steele advised that the updates to QSEC would form part of the Quality Assurance Report to advise that a Quality Impact Assessment has been considered for the service change, however the detailed reporting will be taken through the Integrated Quality, Finance and Performance Delivery (IQFPD) and Executive Team meetings. Ms Lewis felt content of the plan to receive outcomes reports on an exception basis.

Decision: The Committee

- Took assurance that the designed QIA process ensures that strategic decisions about healthcare services are made through a quality lens.
- Took assurance that the QIA process provides a mechanism to consider and record the impact of decisions through a quality lens subject to the iterative nature of its development.
- Approved the terms of reference for the QIA panel.

QSEC (24) 50 **Accessing and Prioritising Fragile Services**

Mrs Sharon Daniel provided an update on the Health Board's assessing and prioritising fragile services framework that was previously shared with the Committee in June 2023. Mrs Daniel advised the Committee that in January 2024 the Deputy Chief Executive NHS Wales, as part of the work programme of the clinical variation and service configuration workstream, and the implementation of the National Clinical Framework, commissioned a national project of work aligned to the degree of fragility of services across Wales and the opportunities for regionalisation to aid service sustainability. Members noted that there is a requirement to demonstrate that there is an effective process to recognise and respond to services that are at risk of becoming fragile which is linked with the work of the Clinical Services Plan.

Members noted that in April 2024, 252 services across the Health Board were citing fragility due to a number of themes such as environmental, single point of failure, capacity and demand , financial.

Mrs Daniel updated Members on a piece of work by Rafa Bengoa which is a quality focussed framework that is being developed nationally relating to reconfiguration of services and provides criterion to assess fragility under the headings of Quality, Safety, Patient Experience and Performance, Workforce and Culture, Environmental and Financial Stability. This work is being pulled together with consideration of the safer care collaborative work, through implementation of the Framework for Safe and Effective Care and teams will be asked to assess themselves according to the criterion which will aid a collective response to risks. The aim is to continue to develop this work and discussions are underway with the Executive Director of Strategic Planning to review the process to look at how fragility is being pulled out as to ensure that the Risk Register is not the only method for escalating fragilities.

Mrs Daniel advised that the plan is to implement a flow chart for fragile services as illustrated in Appendix 1 to demonstrate the outcome of the self assessment undertaken by services. This approach will allow the Executive Team to identify services at risk of fragilities that may not yet be captured on the Datix Risk Register through other methods such as external reviews, Directorate Improving Together sessions and performance reports.

Ms Lewis commented that it is useful to see that the work is making a difference to the assessment of fragile services as exemplified within the report and felt it will be useful to help the organisation get on the front foot with service fragilities and noted that the assessment work will inform the next phase of the Clinical Services Plan.

Mr Sam Dentten reflected upon the process and queried whether there is an opportunity to undertake public engagement opportunities to start an honest dialogue in terms of the fragilities in services, which may provide public understanding for when things need to change in service models. Members noted that there is a detailed communications plan in development for the Clinical Services Plan.

Ms Eleanor Marks commended the work and provided positive feedback for the use of the diagnostic tool.

Decision: The Committee supported the process.

QSEC (24) 51 **Stroke Services Access Times**

Ms Lewis welcomed Ms Bethan Andrews to the Committee and explained that a report on the impact of the RAAC Major Incident at WGH hospital at the previous meeting highlighted through the data some concerns with assessment and treatment access times which led the Committee to request that this is investigated, for an understanding of the context and full scale of issues. Ms Bethan Andrews provided a verbal update on stroke services access times, which she felt was timely following the discussion relating to fragile services, as Stroke Services fall within this category. Members noted that extreme pressures since COVID-19 on urgent and emergency care services has had an impact on assessment and treatment times for stroke services, and although the service is not a national outlier in performance metrics there is a need for improvement.

In terms of mitigations, Ms Andrews updated the Committee on an internal governance review of Stroke Services with the establishment of County Operational Stroke Groups which have been arranged to ensure equity in treatment times and assessment. Members noted that the Brainomix system, which is stroke Artificial Intelligence system, went live in April 2023 and is already having a speedier results for diagnosis and treatment. It was noted however that some members of the team have been reallocated to support the clinical Service Plan work which has had an impact on capacity.

The Committee invited Mr Severs and Ms Andrews to the next meeting to present a report which captures the current position in terms of performance and the constraints to make the required improvements and how this will be addressed via the Clinical Service Plan.

Ms Andrews shared that the team are passionate about doing the best they can to help patients and continually strive to make improvements, and the Committee thanked all members of staff who are working hard and it is apparent that the challenges in performance require strategic changes. **BA/JS**

Decision: The Committee agreed to advise the Board of the update and that a report will be shared at the next meeting.

QSEC (24) 52 **Hepatitis B and C Health Board Progress Report**

Ms Joanna Dainton presented the key updates from the Hepatitis B and C Health Board elimination plan, which includes a range of actions to prevent the infection and the key priorities for the team which includes the roll out of the Blood Bourne Virus testing at three additional pharmacies in the region, and training has completed with the aim to roll out across more rural pharmacies, and actions to improve on previous testing rates within substance misuse services.

Thanking Ms Dainton for the update and noting solid progress to date which is detailed within the report, Ms Lewis enquired whether there are barriers for quicker progress. Ms Dainton shared that updated modelling suggest that there could be another 8,000 people in Wales carrying the infection and different, more creative ways to engage are being explored. Dr Gjini added that historically there has been a stigma which may impact on peoples willingness to come forward and the team are looking at quality improvement work to change public messaging and to reduce this stigma and also undertake a review of those who are at the highest risk.

Mrs Sharon Daniel enquired whether there has been any impact in this space following the recent Infected Blood Inquiry. Dr Gjini advised that the Inquiry has had an impact in terms of an increase in the number of people coming forward for testing and public awareness of blood bourne infections, however has not been significant in terms of numbers of people needing treatment.

Decision: The Committee:

- Noted the completion of actions against WHC/2023/001 and progress made to date.
- Noted and accepted the Health Board's Joint Recovery Plan for Eliminating hepatitis B and C 2024-7

QSEC (24) 53 **Quality and Safety Assurance Report**

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

- The Enabling Quality Improvement in Practice cohort 5 is coming to an end for the Safer Care Collaborative there will be a focus on linking concerns and other quality metrics to quality improvement work.

- The Duty of Candour reported incidents are being monitored and actions undertaken in response, for example the reason for one triggered incident was due to timely escalation of National Early Warning Score (NEWS), which has been addressed with changes to NEWS scores are visible in the clinical area.
- The themes that have emanated from patient safety WalkRounds include pressure, capacity and environmental damage.

Apologising to the Committee, Ms Steele advised that the Health Inspectorate Wales (HIW) overdue actions are omitted from the report and will be shared following the meeting. **CS**

In terms of the national comparable data for C.difficile rates, Mrs Daniel was pleased to note that there is only one other larger Health Board that has a lower rate than Hywel Dda at the present time.

Mrs Raynsford raised that the aseptic non touch technique and handwashing targeted work, and asked what is being done in this space. Mrs Daniel reported that work is underway to revise the validation audit processes.

In response to a query from Cllr Evans regarding a recent letter that he has sent to all Executive Directors as the Chair of the Audit and Risk Assurance Committee to review their HIW overdue actions with a timescale of the end of June 2024 to make improvements, Ms Steele added that actions remain open on the Audit and Management Tracking system until evidence is received that they have been completed.

In terms of the patient safety WalkRounds, Ms Anna Lewis asked whether scheduling visits during mealtimes for observation of the serving and quality of food being provided to patients could be explored and Ms Cathie Steele agreed to feed this back to the team. **CS**

QSEC (24) **Operational Quality, Safety and Experience Sub Committee Report, Annual Report and Terms of Reference for Approval**

Dr Sion James provided the key highlights from the OQSESC update report including the following:

- Concerns were raised regarding the roll out of the Death Certification Reform and Medical Examiners process whereby all clinical notes and charts must be scanned to the MES. Unfortunately, the Health Board does not have sufficient staff resources to scan and send the documentation in a timely manner, or to upload data into the Datix system. Engagement opportunities and training plans are underway. Communication with all Doctors has taken place in relation to responsibilities for completion of Medical Certification and Cause of Death. Additional resource is being sought to enable completion of Glangwili

Hospital roll-out and further meetings are being arranged with the newly appointed Deputy Medical Director to support the implementation of the process.

The Committee agreed to alert the Board of concerns that the actions underway provide limited assurance that the Health Board will meet requirements of the Duty by September 2024.

Members approved the terms of reference however it was noted that further work will take place to review the role of OQSESC and reporting arrangements and incorporate the recommendations from the ongoing Audit Wales audit and report on operational governance, therefore there will be further changes to the TOR at a future meeting.

Decision: The Committee approved the Terms of Reference and Annual Plan 2023/24.

QSEC (24) 54 **Listening and Learning Sub Committee Update Report Update - Deferred**

QSEC (24) 55 **Operational Group Update Reports**

QSEC (24) 56 **Strategic Safeguarding Steering Group Update and Safeguarding Strategy for Approval**

Mrs Olwen Morgan provided the key highlights from the Strategic Safeguarding Steering Group including the following:

- There has been an increase in the number of Adult Safeguarding Reports by 17% since the previous year which continues to add to significant workforce pressures.
- A significant upward trajectory of safeguarding reports and referrals have been made by the Health Board to Local Authority (LA) Children Services.
- The publication of the 'Building happier, safer, stronger lives - Mid and West Wales Violence against Women, Domestic Abuse and Sexual Violence Strategy 2023' – 2027.

The Committee thanked Mrs Morgan for sharing the slides which have been sobering and also illustrates the significant pressures being faced by the service. Mrs Raynsford enquired whether the increase in the safeguarding referrals are comparable with national figures. Mrs Morgan suspects that the figures will be reflected nationally but will check and confirm with Mrs Raynsford following the meeting. **OM**

In terms of the update within the slides relating to looked after children (LAC), (Continuing to monitor the cost pressure to the (LAC) service budget to meet the needs of unaccompanied asylum seeking children placed under the Transfer Scheme which could cause a budget deficit), Cllr Evans enquired whether financial support is being provided by the Home Office. Mrs Daniel advised that the majority of the cost implications would be faced

by the Local Authority, although there will be an impact on Health services for instance Mental Health services.

Mr James Severs queried regarding the significant increase in safeguarding referrals for children and adults, and whether there is an understanding of why this is, and whether there has been a change in the quality of the training provided for Level 3 Safeguarding. Ms Morgan advised that the training provided is reflective of staff requirements in terms of legislation and there has been an improvement in knowledge and confidence in staff in recognising safeguarding concerns. Ms Morgan also highlighted the positive impact of the Emergency Department (ED) safeguarding role in Glangwili Hospital with learning shared across sites.

Thanking Mrs Morgan for the report, Ms Eleanor Marks raised concerns regarding the significant rise in safeguarding allegations about practitioners and those in a position of trust (PIPOT) which has more than doubled since 2021, and queried whether there are thoughts on why. Mrs Morgan advised that a significant number of referrals are due to events that have taken place outside of working hours. In response to the concerns, Mrs Daniel advised that this matter has been discussed further in Senior Nurse Management Team and it may be helpful in the next report to provide a slide to breakdown the referrals by service and region. It was also confirmed that the reports capture referrals from staff from across all services including volunteers and temporary staff. **MND**

The Committee agreed to highlight the concerns regarding the significant rise in safeguarding allegations about practitioners and those in a position of trust (PIPOT) to the People, Organisational Development and Culture Committee for assurance on the actions underway in response. **CE**

Decision: The Committee took assurance from the report and approved the Safeguarding Strategy.

QSEC (24) 58 **For Information**

QSEC Work Plan 2024-25

Welsh Government Integrated Quality, Planning and Delivery minutes

Date of Next Meeting: 15 August 2024

TABLE OF ACTIONS FROM
QUALITY, SAFETY & EXPERIENCE COMMITTEE (QSEC) MEETING
HELD ON 11 JUNE 2024

MINUTE REF	ACTION	LEAD	TIMESCALE	PROGRESS
QSEC (24) 31	**Corporate Risk Register:** To undertake a full review of the risk relating to the aseptic unit (Reference 1810) and share via the Corporate Risk Register at the August meeting	**JP/RW**	**August 2024**	**Complete:** The risk has been reviewed and updated in July 2024 by risk leads, and included within item 4.1
QSEC (24) 32	**Quality Assurance Report:** To clarify timelines and provide an update on WHC : 1615 - Risk of Children and Young People with continence problems not receiving containment products or service required due to lack of cohesive service.	**SD**	**August 2024**	**Complete:** A scoping exercise is underway to investigate whether an equitable enuresis service is being delivered across the region for children and young people.
QSEC (24) 45	**QSEC Terms of Reference for Annual Review:** • To review the Committee's responsibilities from the Targeted Intervention escalation status by Welsh Government(appendix 1 of the TOR) to check if the Committee are meeting these requirements and review work plan accordingly. • To explore including reference to the Committee's role monitoring compliance with the Quality Engagement Act.	**JW/ SD/ KL**	**August 2024**	**In progress:** A revised Terms of Reference and Work Plan will be prepared and presented for Committee approval in October 2024. **Completed**
QSEC (24) 47	**Patient Story- Rheumotology** • To forward plan an item on Rheumotology services on the demand and capacity challenges for specialist	**AC**	**October 2024**	**In progress:** Scheduled as part of the forward work plan.

MINUTE REF	ACTION	LEAD	TIMESCALE	PROGRESS
	nursing and the impact on quality and patient experience and the clinical escalation process via the Communication Hub.			
QSEC (24) 48	**Cleaning Standards Audit** • To share with the Committee the follow up internal audit report.	**KL/ RE/ SC**	**December 2024**	**In progress:** The audit report is expected in December 2024 and has been scheduled on the forward work plan.
QSEC (24) 54	**Quality Assurance Report** • To share with the Committee the Health Inspectorate Wales Outstanding Actions report. • To explore scheduling patient safety WalkRounds during meal times for observation and assurance of the quality of food being provided to patients.	**CS**	**June 2024**	**Complete** **Complete:** The Patient Safety Team have scheduled visits in clinical areas during meal times.
QSEC (24) 56	**Safeguarding Strategic Working Group:** • To highlight concerns regarding the significant rise in safeguarding allegations about practitioners and those in a position of trust (PIPOT) to the People, Organisational Development Committee for assurance on the actions underway in response.	**JW/ KL**		**Complete**

JP- Jill Paterson	RW- Rachel Williams	SD- Sharon Daniel	AC- Andrew Carruthers	JW- Joanne Wilson	KL- Katie Lewis
RE- Rob Elliott	SC- Simon Chiffi	CS- Cathie Steele			

QSEC Improvement Plan Task and Finish Group Action Plan

11am 7 June 2024 via MSTeams

In Attendance: Ms Anna Lewis (Chair) Mrs Sharon Daniel (Executive Lead), Mr James Severs

Mrs Joanne Wilson, Charlotte Wilmshurst, Ms Katie Lewis (notes)

COMMITTEE	ACTION	BY WHOM	BY WHEN	STATUS	PROGRESS
QSEC	Ensure the outputs from the 'ask and offer' element of the workshop are incorporated as part of the future Board Development Programme	Director of Corporate Governance	Mar-24	**Completed**	The outputs have been shared with the Assistant Director of Organisational Development, who develops the Board Development Programme with the Director of Corporate Governance. This was on the agenda at a Board Development session on 2 July 2024, and will also be discussed at the August Board Seminar.
QSEC	Establish a task and finish group to develop a behaviours framework	Director of Nursing, Quality and Patient Experience	~~Jan-24~~ August 2024	**In progress**	A draft Behaviours Framework was presented to QSEC in April 2024, where some further refinements were suggested. The Behaviours Framework is on the agenda for discussion at Board Seminar 22 August 2024.

QSEC	Review report template to simplify reporting and strengthen focus on delivery, impacts and outcomes, as well as the Health and Care Quality Standards.	Director of Corporate Governance	~~Apr 24~~ Jan 25	**Not completed**	This was delayed due to start of new Chair in May 2024. Feedback from the 2023/24 Self-Assessment process will be presented to the Board Seminar in August and this will inform the development of the future reporting template.
QSEC	Review the Committee Update Report to strengthen reporting to the Board on the key discussion points of the meeting, and the areas it needs to advise, assure and escalate to the Board.	Director of Corporate Governance	Apr-24	**Completed**	3As Report template has been developed and has been used for Board reporting from March 2024
QSEC	Update report writing guidance for authors to reflect the need to focus less on process and more on delivery, impacts and outcomes	Director of Corporate Governance	Jan 25	**Not completed**	This was delayed due to start of new Chair in May 2024. Report writing guidance (Do's and Don'ts) is circulated with the call for papers, however guidance will be reviewed when new reporting template has been developed. The Health Board is also looking to outsource training for writing reports which will be informed by the outcomes of the 2023/24 Self-Assessment process.

QSEC	Produce coaching video for report authors setting out what the Committee needs from reports and presenters and why	Director of Corporate Governance	Apr-24	**Not completed**	The Chair of QSEC Director of Communications are developing a video and will request participation from Cllr Evans as ARAC Chair. The video will relay the top 10 key messages for presenters at Committees.
QSEC	Review QSEC Committee Handbook to reflect the outputs from the self-assessment process	Director of Corporate Governance	Apr-24	Closed	The Committee Handbook has been discontinued to prevent duplication. A Committee Information Sheet has been developed and included in the IM Handbook.