

DRAFT MINUTES OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE

Date of Meeting: **09:30, Thursday 13 February 2025**
 Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Anna Lewis, Independent Member and Chair of the Committee
 Delyth Raynsford, Independent Member and Vice Chair of the Committee
 Chantal Patel, Independent Member
 Ann Murphy, Independent Member
 Rhodri Evans, Independent member
 Eleanor Marks, Health Board Vice Chair

In Attendance: Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience
 Andrew Carruthers, Chief Operating Officer
 Jill Paterson, Director of Primary Care, Community and Long-Term Care
 Ardiana Gjini, Executive Director of Public Health
 Cathie Steele, Interim Assistant Director of Quality and Assurance
 Louise O'Connor, Assistant Director of Legal and Patient Experience
 Sam Dentten, Llais Cymru Representative
 Mark Henwood, Interim Medical Director
 Olwen Morgan, Assistant Director of Nursing
 Joanne Wilson, Director of Corporate Services (Board Secretary)
 Rebecca Richards, Head of Infection Prevention
 Iona Evans, Head of Nursing
 Ceri Griffiths, Interim Assistant Director of Nursing
 Tracey Evans, Head of Community Nursing
 Nick Davies, General Manager Paediatrics
 Amanda Glanville, Assistant Director of People Development
 Jonathan Arthur, Deputy Director of Health Sciences on behalf of James Severs
 Janice Cole Williams, Assistant Director of Nursing

Apologies:

- Iwan Thomas, Independent Member (Third Sector)
- James Severs, Executive Director of Allied Health Professions and Health Science
- Subhamay Ghosh, Associate Medical Director of Quality and Safety

Minutes Ref.	Item	Action
--------------	------	--------

Governance

QSEC 25(116) Declarations of Interest

The following declarations of interest were made:

- Cllr Rhodri Evans declared an interest in item 2.2 Impact of service changes at Tregaron hospital due to his role as Councillor in the Ceredigion area.

- Ms Ann Murphy declared an interest in discussions relating to Royal College of Nursing Corridor Care findings due to her Trade Union role

QSEC 25(117) Minutes from the Previous Meeting and Table of Actions

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

Mrs Raynsford highlighted that there is an action omitted from the Table of Actions relating to Members request for an overview of Health Inspectorate Wales (HIW) outstanding actions which Mrs Daniel confirmed has been included under item 4.1 on the agenda.

In terms of matters arising:

QSEC 24 (100) Providing an update on a discussion undertaken regarding Mental Health and Learning Disabilities (MHL) concerns between the Interim Director of Nursing, Quality and Patient Experience and herself, Ms Lewis confirmed that there is a plan to schedule an MHL deep dive on the QSEC agenda in April 2025.

QSEC 24 (97) and (107): Ms Anna Lewis queried why the timescale for exploring regional opportunities to improve access and waiting times for Ultrasound services has been noted as December 2025 and for the rationale in pausing the regional collaboration discussions with Swansea Bay University Health Board (SBUHB) for opportunities to improve waiting times for Rheumatology Services.

Mr Andrew Carruthers commented that it is likely the timescale may have been linked to a wider work programme to improve regional diagnostics, highlighting that previous discussions undertaken have provided limited opportunities due to capacity challenges that are also being faced in SBUHB services.

Responding to the query regarding the pause on exploring regional collaborative opportunities for Rheumatology services, Mr Carruthers explained that due to the recent recruitment of a consultant in the service, the service are allowing time for the person to start and settle in to post to review whether this makes an impact on the current challenges. Mr Carruthers has intended to reach out informally to the Clinical Lead for the service in SBUHB to have a discussion regarding potential opportunities. These may be limited to exploring opportunities to negotiate the number of patients commissioned for external providers given the pressures across both Health Boards. Ms Lewis thanked Mr Carruthers for the update which is helpful in managing the Committees expectations in terms of ongoing discussions regarding collaborative opportunities, recognising that there is not likely to be an immediate solution to the challenges.

AC

Mrs Daniel provided the key highlights from the Targeted Intervention progress report and advised that item 4.1 Quality Assurance Report and 4.3 Listening and Learning Sub Committee report provides more detail.

Drawing Members attention to Healthcare Acquired Infections (HCAI) criterion, Mrs Daniel highlighted that performance is reported as rate per 100,000 population and noted that whilst Hospital Numbers for each of the hospitals are low the position is being continuously monitored to ensure the improvements are sustained.

Outstanding external recommendations particularly from Health Inspectorate Wales (HIW) had been noted as a matter to alert to the Committee, a planned 'deep dive' into older/unresolved actions is being considered. Comparing the data from the same period last year, Mrs Daniel highlighted that where there were 120 in progress in January 2024 where in January 2025 there were 8. Actions to make further improvements include revising the assignment process to ensure they are allocated to the most appropriate individual and to ensure that actions are Specific, Measurable, Attainable, Relevant and Time Bound (SMART).

Referring to the Fragile Service criterion which was discussed in more detail at Committee in December 2024, Mrs Daniel shared that the Executive Teams are progressing the development of the Fragile Service escalation process which will be presented to Board.

Executive Team

Reflecting upon the information contained within the report, Mrs Patel commented that she did not feel it captured what the systemic issues may be that are preventing staff addressing concerns at operational level. Noting this observation, Ms Lewis asked whether there is confidence that the data being captured is sensitive enough to flag any hot spot areas that may be experiencing challenges, and sought assurance that these are not lost in organisational averages.

Reflecting upon the feedback and question, Mrs. Daniel updated Members of the number of quality improvement initiatives underway to empower staff at all levels to make decisions and strengthen the sense of autonomy. A 'Big Room' staff engagement group has been established at Glangwili Hospital where staff are invited to attend to discuss improvements and share ideas. Since the initial 'Big Room' meeting, it has transpired that an Emergency Department specific meeting will be helpful and is being organised. Mrs Daniel noted the value of patient Walkabouts by Independent Members and Executive Leads and will reflect on the best way to utilise the feedback to triangulate with other data sources.

Mr Carruthers shared that the new operational management structure will be a tool to strengthen accountability and improve decision making at a local level. Revisions are being made to the Scheme of Delegation which will provide clear expectations for staff at all levels.

Highlighting the recent Staff Survey findings, Mr Mark Henwood reflected upon the positive performance Appraisal and Delivery Review (PADR) compliance rates which indicate that staff are being regularly engaged with management, however feedback would also suggest that staff are not feeling included with changes. The useful data can be analysed for different staff groups for a better understanding of trends and themes.

Returning to a previous point made regarding hot spot areas, Ms Lewis felt that in addition to the global metrics that are provided, it may be useful to look at those services at the higher and lower ends of the data set average for scrutiny to understand challenges and also as an opportunity to share good practice.

Mrs Patel sought clarity from a statement within the report that the Fragile Services Register is 'incomplete'. In response, Mr Henwood clarified that 9 fragile services were identified as part of the initial Clinical Services Planning process, and the Health Board now recognise there are a significant number of services that are experiencing fragilities. The Executive Team are working to develop a formal process to define fragility for future prioritisation work, and as this process has not yet been agreed the register is technically incomplete.

Ms Anna Lewis noted progress being made in addressing the Targeted Intervention de-escalation criteria, and enquired at what point there is an official transition of the actions being taken to 'business as usual'. Reflecting upon Ms Lewis's query, Mrs Daniel provided the HCAI focus work undertaken as an example, whereby actions taken to improve practices are system and process measures i.e. Standard Infection Control Precautions which should be adhered to at all times. There are challenges associated with this in terms of the built environment and clinical practice which can increase the risks for cross infections, there is also a burden of infection coming into hospital from the community which can impact the risk of cross infection in hospitals.

Providing a national picture, Dr Ardiana Gjini commented that the Health Board are not outliers in the number of community clusters infections such as E.coli, HCAI, however testing rates are higher within Hywel Dda and while the test to treat is an important aspect to reduce infection, it can sometimes have an unnecessary impact on reported figures if targeted treatment is not required. Dr Gjini also provided assurance that there are Public Health Infection Prevention Control Nurses based within the community and engaging with care homes to support reducing cross infection. Ms Lewis noted the potential impact of higher testing however would hope that the incentive to meet the target would not become a deterrent to testing.

Mrs Delyth Raynsford was pleased to note the comment within the report that the Putting Things Right workload has decreased however also noted a comment regarding capacity concerns within the team and asked for assurance that these capacity

challenges will not have an impact on the Health Board's positive relationship with the Ombudsman. In response, Mrs O'Connor clarified that the workload has not decreased but the processes have been streamlined to resolve concerns at an earlier stage. Members were pleased to note that the overall feedback from the Ombudsman has been positive this year, and number of referrals are a lot less in comparison with similar size Health Boards across Wales. The focus for the Organisation is to ensure the recommendations are actioned and sustained.

Mrs Raynsford sought clarity on whether Mrs O'Connor feels there are workforce capacity issues for the service. Mrs O'Connor confirmed that this is an area of concern for the team, as the revised PTR regulations which will be implemented at the end of the year will have a significant impact on capacity for the Concerns Team and for operational services particularly for redress investigation processes. Mrs O'Connor expects the workload will significantly increase due to revised timescales, and this is a risk that is being reflected nationally. The Chair recommended that the potential impact of the revised PTR regulations on workforce capacity and skill-based training/induction requirements across the organisation is referred to the People, Organisational Development and Culture Committee (PODCC) for consideration at agenda setting.

CSO

Decision: The Committee took assurance from the report.

QSEC 24(119) Operational Governance Plan Update

Mr Andrew Carruthers introduced an update on the revised operational governance arrangements and passed on a special thank you to Mrs Joanne Wilson, Ms Alison Gittins and Ms Charlotte Wilmshurst for their support in creating and revising terms of reference and updating the Scheme of Delegation, highlighting that there is still a huge amount of work to do aligning the reporting systems and revising the hierarchy for the new structure. Members were advised of the plans to implement a new 5 Clinical Care Group model. The changes have been instigated from consistent feedback from Internal Audit that the operational governance structure needed strengthening.

Mrs Daniel presented the slides which are aligned to the Health Board's Quality Management System which will provide a system-wide approach to achieving quality of care in a way that secures continuous improvement. The Quality, Safety and Experience Sub Committee (QSESC) will continue to meet however this will be reviewed when there is a level of maturity with the Clinical Care Groups and an agreement has been reached regarding reporting arrangements for Advisory Groups.

Mrs Patel highlighted that reference to Prevention and Public Health does not appear throughout the papers. Mrs Joanne Wilson confirmed that prevention and population health are part of the proposed terms of reference for the Clinical Care Groups.

Providing assurance, Mr Henwood added that the revised operational structure will provide a clear reporting line from Ward to Board via the appropriate Committee and Executive Leads will have clear sight of what is being discussed and have opportunities to question any gaps. Ms Eleanor Marks noted the significant amount of work underway and asked for a plan for the interim period in terms of supporting leads transition from familiar structures to a new ways of working, highlighting that 1 April is not that far away. In response, Mr Carruthers advised that a meeting has been scheduled with service directors the following week to ask that the transition planning begins in March, develop the terms of references and clarify membership for their respective groups. Alongside this, as previously mentioned by Mrs Daniels, a masterclass will take place in quarter 1 to support implementation. Mr Carruthers recognised the level of support that will be required from Directorate Leads over the coming months to clarify expectations from the different domains and address any emerging issues and concerns. Mr Carruthers offered some assurance that two of the new Service Directors appointed have previous experience of working within a Clinical Care Group model which will be helpful. Mrs Daniel highlighted it will be important that governance and oversight is maintained during the transition period, and this is why QSESC will continue to meet until the new structure has matured.

Thanking Mr Carruthers and Mrs Daniel for the helpful overview of the imminent changes to the operational governance structure, Ms Lewis reflected that while the focus has been on structure, it will be successes in terms of shifts in human behaviour which will be key in improvements in quality services. Ms Lewis asked for thought to be given to what part the Committee can play in supporting the tone and vision as the revised structure is embedded throughout the organisation.

Decision: The Committee received assurance that progress is being made to the revision of Operational Governance arrangements with a plan to implement from the 1st April 2025.

QSEC 24(119) Review of Patient Experience Reporting

Mrs Daniel provided a verbal update on the review of patient experience reporting, following an agreement at recent Public Board meetings that presenting patient experience data in a more analytical and thematic format to spot trends and patterns will be helpful for monitoring purposes. Reflections have taken place on how to use patient user feedback to ensure the patients voice is central to decision making and used to shape Organisational objectives. A report to outline the plan is scheduled to be presented to Board in March 2025.

Due to the change in requirements for reporting, Mrs Daniel advised that artificial intelligence methods will need to be explored to triangulate the plethora of available feedback data that is captured and interrogate different databases for a more holistic view to share with Board. The same intelligence could be utilised

SD

for operational governance arrangements and possibly inform QSEC deep dives.

Mrs Daniel anticipates that the report will be set out in two parts. The first will be more narrative, containing key themes and corporate level framework updates. The second part of the report will provide the data for patient experience focus on a chosen service or Clinical Care Group, key findings and identify areas for improvement and create an action plan with timeframes aligned to ensure positive outcomes are achieved. On behalf of the Committee, Ms Lewis supported the refreshed visualisation, believing it will add value to the scrutiny in how patient experience plays a part in shaping services and also take a broader view of quality patient experience.

In response to a query from Mrs Patel on whether focus groups are undertaken with service user/ patient representatives, Mrs O'Connor advised these types of groups do take place, by exception and led by individual services when service changes are being proposed, however there is room to expand this concept and can be considered with the Engagement Team as the Learning Framework arrangements develop.

Ms Lewis reiterated the Committees wholehearted support for the evolutionary vision to utilise patient feedback in an intelligent led way, and to embrace the Board's appetite for receiving the patient feedback in a more analytical report. Ms Lewis, on behalf of the Committee, will work with the Director of Nursing to outline the plan to Board in March 2025. **AL**

Prior to presenting the plan to Board, Mrs Delyth Raynsford suggested input from Llais Cymru to identify themes and trends received by the external statutory body as part of the triangulation of proposed data utilised. Mr Dentten shared that Llais will be happy to be contacted to offer feedback and ensure relatability for the public as well as Board Members. **SD/LOC**

Mrs O'Connor drew Members attention to the system limitations for triangulating the different sources of experience feedback data that is being captured. Members noted the vast amount the different sources of feedback that are mostly unstructured and also captured on different systems. Mrs O'Connor highlighted that the Patient Experience Team unfortunately do not have the automated tools to undertake trend analysis and hot spot areas, and at the moment would require dedicated resource and advancements in system functionalities.

Members did note however several upcoming developments which may be of support, with the Patient Experience Framework, the new Putting Things Regulations and Quality Engagement Act requirements in this space. Mrs O'Connor also advised that there a new CIVICA system functionality is being rolled out later in the month called API which allows third parties to interface with the database, however does feel that a specific project may need to be considered with dedicated resource for this work.

Thanking Mrs O'Connor for highlighting the technological and capacity limitations, Ms Lewis undertook to ensure Board are sighted and consider the challenges during decision making.

Decision: The Committee noted the verbal update.

QSEC 24 (120) Paediatric Services: Neonatal Ventilators: Patient and Staff Experience Feedback

Mr Nick Davies joined and presented patient and staff feedback following the installation of Neonatal Ventilators which were funded by Hywel Dda Charitable Funding. The Specialist Care Baby Unit (SCBU) historically utilised three different machines to provide three different modes of ventilation. Investment of the new "SLE6000" ventilator has resulted in the provision of safer, higher quality care across the health board. Feedback has been entirely positive from the clinical team and Members noted the challenges organising a patient story due to sometimes traumatic experience. Mr Davies advised that Neonatal Services will link in with the Patient Experience Midwife to improve feedback.

In addition to the benefits reported through the PowerPoint slides shared with the Committee, Mr Davies advised the hidden long term patient health benefits from the improved care should be noted.

Mrs Raynsford, as Chair of the Charitable Funds Committee was pleased to note the positive impact of the investment, however noted the obvious concern regarding the use of charity funding for essential equipment. Mrs Raynsford also commented that the investment which improves staff training and development is also likely to aid staff retention. In agreement, Ms Lewis was pleased to hear the positive outcomes for quality, patient experience and suggested that the Capital Planning equipment replacement programme is considered for inclusion on the Strategy and Planning Committee (SPC) forward work programme in response to concerns raised regarding Charitable Funds being sought for essential NHS Equipment.

CSO

Decision: The Committee noted the staff feedback.

QSEC 24 (121) Quality, Safety and Experience Committee (QSEC) Self-Assessment Outcome Report 2024/25

Mrs Wilson presented the Self-Assessment Outcome Report and thanked all Committee members who had taken the time to complete the questionnaire, noting that there is room for improvement for the response rates. The Committee were asked to ratify the action plan and note that an update on progress will be scheduled for later in the year.

Mrs Raynsford commented that she found the workshop sessions undertaken to be a lot more productive than completing the form. Mrs Wilson confirmed that workshops will be organised as part of

the new Corporate Governance structure arrangements to assess and gather feedback on the impact of the changes. Workshops are a requirement as part of the Standing Orders, however there may not be capacity for a workshop for each Committee.

Ms Ann Murphy sought clarity on the term 'critical friend' that is referenced within the report. Ms Lewis explained that when trying to understand the Committees effectiveness, having an external, peer support in the room may be a tool to gather helpful feedback on the Committees functioning. Careful thinking will take place into who is asked to undertake this role to ensure valuable contribution.

Decision: The Committee considered the outputs from the Committee Self- Assessment process and agreed the actions to be taken to improve its effectiveness.

Risk

QSEC 24 (122) Nurse Staffing Levels Impact of Reduction of Agency and Bank Staff on Quality, Safety and Patient Experience Interim Report

Ms Janice Cole Williams presented the key highlights from the nurse staffing levels interim report on the impact of the reduction of agency and bank staff on quality, safety and experience. The nurse stabilisation programme is ongoing and has now progressed across the Unscheduled Care Directorate with the exception of Bronglais Hospital, where unplanned agency usage will cease from 1 March 2025. A number of data sets including incidents and vacancies reported have showed an improving picture since the changes have been made in Prince Philip, Glangwili and Witybush and it is anticipated this will continue as the stabilisation embeds across the system. In terms of the falls data shared within the report, Ms Cole-Williams commented that it is difficult in drawing conclusions at present as despite an increase in the number of falls, the level of harm has decreased.

Thanking Ms Cole- Williams for the update, Ms Lewis concluded that there is nothing apparent for the Committee to be concerned about from the data shared at present due to the shift in staffing changes. Mrs Daniels concurred, however highlighted that although the overall number of vacancies has reduced, there is an increase in inexperienced workforce, who are being supported as much as possible by the Corporate Nursing Team, Senior Nurse Leaders and Learning and Development team. The overall Enhanced patient care arrangements have reduced, which would align with the quality improvement work undertaken and it may be helpful for an evaluation of this for assurance.

Decision: Taking assurance from the report, the Committee agreed that nurse staffing levels updates will be provided via the

Quality Assurance Report going forward unless there are specific concerns that require escalation.

QSEC 24 (124)

Update on the service changes in the Minor Injuries Unit in Prince Philip Hospital, Tregaron Hospital and Paediatrics in Bronglais Hospital

Mr Andrew Carruthers introduced the update report on the three service changes (Minor Injuries Unit (MIU) in Prince Philip Hospital, Tregaron Hospital and Paediatrics in Bronglais Hospital) in September 2024.

Ms Iona Evans provided an overview of incidents and feedback since the temporary overnight closure of MIU on 1 November. There has been minimal service impact and no significant patient safety, quality, and experience concerns to date and this continues to be monitored closely. Complaints feedback via CIVICA system has improved since the previous year from patients and staff with reduced anxiety and stress and staff feel they are appropriately working within their scope of practice. Public engagement is underway regarding future modelling.

Ms Lewis commented that the data is positive and nothing described causes concern or the need for escalation. In terms of the patients that were previously attending MIU during the nighttime previously, Ms Lewis queried where it is believed they are now presenting. From the available data, the closure does not appear to be impacting Accident and Emergency Departments (A&E) in Swansea. There has been a slight impact on attendance at GGH, however it is likely that these presentations are appropriate for the care needed. Members noted the support from medical Same Day Emergency Care on weekends also. Mr Henwood reflected upon feedback and data which is being proactively sought, and feels that the patients are now accessing timely care in the right place. Ongoing engagement continues with stakeholders, and statistically this change is proving to be a positive improvement for quality patient experience.

Ms Tracey Evans provided an update on the impact of the decommissioning of the remaining beds in Tregaron Community Hospital. Staff have been allocated to community teams and Out-patient teams as their preferred preference. Opportunities for staff development have been put in place to ensure they have the skills they require to support the Community Nursing Teams. Competency Workbooks have been developed and provided to all staff to support in obtaining and maintaining competencies in the community setting and there has been positive feedback from staff so far.

Mrs Raynsford queried whether there is patient and family feedback being captured since the transition. Ms Evans advised that the patient feedback is now being captured via Community Nursing since the transition of these patients. Ms Evans shared an overview of a compliment letter received from a General Practitioner (GP) in England the previous day, who was grateful and pleased with the care provided in the community for her

mother. Mr Sam Dentten was pleased to note this positive feedback, however highlighted that a key element of the discussions regarding the proposed service changes at Board was the intention to rigorously monitor patient outcomes. Mr Dentten asked for some reflection on how the Health Board ensures the patients voice continues to be listened to following service changes, especially as a number of pathways are transitioning to commissioned and social care settings. Ms Lewis and Mrs Daniel undertook to consider the methodology to ensure patient feedback is captured and monitored following service changes as part of the revised Board patient experience report.

SD

Providing an overview of the impact of changes to Paediatric Services in Bronglais Hospital which has removed inpatient care and has a refreshed Paediatric Ambulatory Care Unite referral criterion. Mr Davies explained that there have been positive improvements in the staffing position due to successful recruitment. The future modelling of the Paediatrics Service will be undertaken as part of the Women and Children's Review going forward. Members noted the data within the report which indicate no cause for concern in term of impact on quality, safety and patient experience.

Ms Lewis asked that Mrs Daniel and Mrs Wilson consider offering some guidance on reducing the frequency of scheduled updates on the ongoing impact of service changes at MIU, Prince Philip, Tregaron and Paediatrics at Bronglais due to assurances received from the report and advise the Chair accordingly.

JW/ SD

Decision: The Committee received assurance from this update that there is no evidence of a negative impact on patient experience and safety relating to the service changes made to the Minor Injuries Unit in Prince Phillip Hospital, Tregaron Hospital and paediatrics in Bronglais General Hospital.

Assurance

QSEC 24 (125) Quality Assurance Report

Ms Cathie Steele presented the Quality Assurance Report noting that the key focus of the report has been the areas for targeted intervention de-escalation criteria as discussed earlier in the Committee. Members attention was drawn to the good news story in the media recently regarding the diabetes team in Paediatrics having the best outcome performance across Wales and the link is shared within the report.

Improvements have been made in incident reporting across the Health Board, with 7-minute staff briefings available and leaflets contained within the learning library.

Introducing the Healthcare Acquired Infection element of the report, Mrs Rebecca Richards noted that there are fluctuations in

infection rates and actions are underway to mitigate the infections. The performance dashboard is a useful tool to drill down to analyse areas for targeted focus. The rates of infection are being benchmarked nationally and the team continue to proactively reach out to other Health Board Infection, Prevention and Control (IPC) teams to share learning.

Ms Richards advised that the performance infographics are presented at Managed Practice quality governance groups for monitoring purposes and advise on best practice.

A C-diff Improvement Group has been established which is being chaired by the Deputy Medical Director and positive progress has been made so far, such as addressing concerns highlighted in terms of infection clusters in Glangwili Hospital and Prince Philip hospital in recent weeks.

Ms Lewis thanked Ms Richards for the helpful update on HCAI developments.

Referring to the positive developments in early resolution rates for PTR concerns, Mr Dentten highlighted a recent theme that has emerged from patients who have felt that communication regarding their concerns have been finalised quite abruptly. Mrs O'Connor was not aware of this and undertook to discuss this with Llais Cymru to gather further information and review the individual cases if necessary.

LOC

Drawing attention to the HIW action tracker, Ms Steele provided an overview of the outstanding actions and advised that the new CCG operational arrangements will strengthen the HIW monitoring structure.

Referring to the link within the report regarding concerns around Bryngolau Mental Health Ward and staff feedback, levels of agency staffing and patient experiences, asked why MHLD have not been a focus for the Health Board as part of the reducing the temporary staffing initiatives. More broadly, Ms Lewis asked why the Health Board's internal governance processes are not spotting and addressing the concerns that HIW are observing during inspection. Mrs Daniel advised that the temporary staffing levels in MHLD have been highlighted via the Directorate Improving Together session and the Executive Team have a meeting in the coming week to discuss the review in to ensuring the inpatient areas have appropriate staffing level establishments.

In response to the concerns highlighted from the Bryngolau staff feedback survey, Mrs Daniel recalled that when they were asked to comment on the draft report concern was fed back regarding the single figure numbers of survey completion that these conclusions were based upon. Leadership challenges within that area was recognised and this changed prior to the inspection, however the culture change was not recognized immediately hence it was also noted by HIW.

Ms Steele highlighted that out of the 55 recommendations from HIW, 38 have now been completed. Ms Lewis reiterated her previous observation that it should not have taken HIW to pick up on 55 improvements that had not been picked up through internal governance arrangements.

Ms Anna Lewis highlighted a misalignment between the highest categorisation of incidents data and areas of focus for the Enabling Quality Improvement in Practice Programme. Noting Ms Lewis's point, Mrs Daniel undertook to clarify why the cohort 6 projects as part of Quality Improvement framework were not aligned with the top 3 incident classifications (pressure damage and falls) noting that they projects were aligned to the 6 Goals Programme. SD

In conclusion, Ms Cathie Steele drew Members attention to the link within the report to the Quality Improvement Framework which will be discussed in more detail at the April 2025 Committee.

Decision: The Committee noted the report and took assurance that processes are in place to review, monitor and improve quality of services within areas highlighted within the report.

QSEC 24 (126) Quality, Safety and Experience Sub Committee

Mr Mark Henwood presented the QSESC update report from the meeting held on 16 January 2025.

Referring to the concerns raised regarding the impact of workforce deficits in Hotel Services on cleaning duties across the organisation, Mrs Patel shared staff concerns that were highlighted during a recent walk about across sites and asked if measures are being taken to address these issues. Mr Carruthers updated the Committee that there have been recent management capacity issues in Estates and Facilities. Ms Elin Brocke, Head of Research, Innovation & Improvement is undertaking a six-month secondment to the team and will lead on ensuring the cleaning standards plan is not just a case of addressing actions, but also quality improvement and undertake a culture review piece of work. Mrs Daniel added that Ms Brocke will input into the Environmental Hygiene Group to support improvements in this space.

Decision: The Committee noted the update.

QSEC 25 (127) Listening and Learning Sub Committee Update Report

The Committee passed on a special thank you to Mrs Patel for her valuable contributions to the LLSC in her role as Chair over recent years. Members noted that Mr Mark Henwood would take over as Chair of the Group in order to strengthen the Clinical Executive oversight.

Mrs O'Connor alerted the Committee of a range of feedback relating to the experience of service users with disabilities, particularly neuro-divergence, in accessing health care was

discussed at the Sub Committee and provided a reminder from the Ombudsman that failure to make reasonable adjustments for a person with a protected characteristic is a form of discrimination and not meeting requirements under the Equality Act 2010. Several significant recommendations have been made by the Ombudsman which are summarised within the report. Mrs O'Connor advised that it has been suggested by the Neurodevelopmental service that a special interest group be established for neuro-divergence, supported by Learning and Development. In terms of the scope of the group (as there are significant amount of Equality, Diversity and Inclusion issues that impact on patients and governance reporting arrangements, further discussions will take place at the next meeting.

Mrs O'Connor advised that Welsh Risk Pool – Putting Things Right / Concerns Management Assessment report has been received which received reasonable assurance and action plan has been accepted. The next meeting will provide a focus on addressing the actions.

Decision: The Committee noted the update.

QSEC 24 (23) Urgent and Emergency Care Discharge Management Internal Audit

Ms Ceri Griffiths updated the Committee that the Internal Audit and Assurance team recently undertook a follow up audit on the discharge management processes in place across the Health Board in October 2024. Whilst the audit recognised that positive progress has been made since the previous Internal Audit report, work remains ongoing to address the remaining actions. Ms Griffiths advised of a discharge leaflet which has been rolled out across the Health Board, and the development of a SharePoint toolkit/resource link for staff which will be launched in the coming week. 50% of staff however reported they do not feel confident discharging patients and there is a rolling Programme of training being arranged with the practice development team.

From the actions undertaken, Ms Griffiths will hope to see an improvement in six months' time in terms of quality and patient experience feedback and safeguarding referrals and actions are being monitored.

In response to an enquiry from Mrs Raynsford, Ms Ceri Griffiths undertook to clarify why out of the total 102 reported unexpected admissions or readmissions in 2023, 69 were related to midwifery areas.

CG

Highlighting the increase in discharge planning failures (concerns relating to lack of appropriate equipment, dressings etc increasing from 11 to 26 (2023-2024) Mrs Raynsford queried whether this is in specific clinical areas or specific medical devices. Ms Griffiths commented that it is recognised that there are fundamental failures in discharge planning and noted the need to get back to basics in this space. Ms Griffiths could not confirm the exact

reason for the spike in data however likely to be attributed to ward staff not being confident and knowing full requirements of the discharge requirements.

In terms of the feedback that staff are not confident in discharging patients, Ms Ann Murphy queried whether specific support for Internationally Educated Nurses is in place. Ms Griffiths provided assurance that the Discharge Planning Group that has been established which is reviewing current training resources in place in collaboration with the Practice Development team to identify what is required to support staff in this area.

Following the outcome of the internal audit report, Ms Lewis had a more general query in terms of whether there is confidence that given the capacity challenges across the organisation, if the Health Board is now approaching discharge processes differently, and sought assurance that this will be a priority area of focus for the Care Group Leads and revised governance groups. Mr Carruthers and Mrs Daniel confirmed Discharge management will be a fundamental part of the Care Group agendas, with this being the heart of the optimal flow work. Ms Murphy asked that Residential Doctors are included with the Discharge Planning Group due to 'medication not being prepared' delays highlighted in the report.

Members noted that the follow up findings of the Internal Audit is being scheduled at a future Audit and Risk Assurance Committee.

Decision: The Committee noted the report and take assurance that the management response arising from the Internal Audit findings will lead to improved Discharge Management which is progressing and being monitored for patient outcomes and quality experience.

QSEC 24 (128) Allergy Testing Service

Mr Mark Henwood provided an update on Allergy Testing service since the commissioned service from Cardiff Bay University Health Board ceased in 2023 (due to capacity challenges). Members noted that there are national challenges putting in long term agreements for this service. The service has since been provided via a GP initiated 'prior approval' process and referrals are made on an individual basis to Birmingham Foundation Trust (BFT) and there is an uncertainty regarding BFT's ability to continue to provide this service due to similar challenges. Although no complaints have been recorded regarding the change in provision, it has emerged that there is a gap in comparison and patient outcome data. Mr Henwood advised that Mr Keith Jones, the Director of Operational Planning and Performance, is undertaking a piece of work for the provision of allergy services in the Health Board and an update report will be presented to the Integrated Quality, Finance and Performance Group (IQFPD) on findings and next steps.

Decision: The Committee received assurance from this update that there is no evidence at this time of a negative impact on patient experience and safety relating to the allergy service provided through BFT. The Committee supported IQPFD receiving an update and, if applicable, further actions required.

Risks and Matters for Escalation to Board

There were no alert items to escalate to Board.

QSEC 25 (130) Any other business

The Committee shared a heartfelt thank you to Mrs Delyth Raynsford for her valuable contributions to the quality, safety and experience agenda at her last Committee meeting in her role as Independent Member.

QSEC 25 (131) For Information

- **Withyhedge Update**

- **QSEC Work Plan 2024-25**

- **Welsh Government Integrated Quality, Planning and Delivery minutes**

- **Date of Next Meeting - 8 April 2025**

**TABLE OF ACTIONS FROM
QUALITY, SAFETY & EXPERIENCE COMMITTEE (QSEC) MEETING
HELD ON 13 FEBRUARY 2025**

<p>QSEC (24) 97</p>	<p>Corporate Risks: To provide an update on the below Corporate Risks:</p> <p>Risk 797: Risk to the ability to deliver ultrasound services due to workforce pressures:</p>	<p align="center">AC</p>	<p>A meeting is scheduled for 2 April 2025 between Clinical Care Group, Radiology and Assurance and Risk team to plan a reset this risk including actions, gaps and controls using SMART methodology (specifically ensuring timeliness of completing actions).</p>	<p>Complete:</p> <p>Business Continuity Plans for short term staff Absence has been developed across the Health Board and is being finalised.</p> <p>The Annual Plan includes an expansion of Training places for sonographers.</p> <p>To facilitate this expansion a second clinical educator post has been created from current establishment and will be advertised.</p> <p>3 whole time equivalent (WTE) training posts have been successfully recruited (all have commenced in post and started training in January 2025)</p> <p>A review of midwife sonographer posts is being planned to look at alternative workforce models.</p> <p>Temporary staffing has been secured to Support Withybush Obstetric scanning (commenced March 2025).</p> <p>Insourced non-obstetric ultrasound is ongoing.</p> <p>End of February 2025 8 week waiting list of 1507 patients (improved from January 2025 8 week waiting list of 2301).</p>
--------------------------------	--	---------------------------------	--	--

QSEC (24) 97	Risk 684: Risk to the timely investment and replacement of Radiology equipment and supporting infrastructure: Due to insufficient capital funding from Welsh Government (WG), management of this risk is outside the Health Board's control. A regional solution may be explored with Swansea Bay University Health Board (SBUHB). The potential quality and safety impacts were discussed.	AC	31 March 2026	Complete: Welsh Government funding has been agreed to replace the Withybush Hospital SPECT-CT scanner which is the top priority piece of equipment. Once the Bronglais Hospital DEXA scanner has replaced, the risk can potentially be de-escalated.
QSEC (25) 118	Targeted Intervention Progress Report <ul style="list-style-type: none"> To highlight the potential impact of the revised Putting Things Right (PTR) regulations on workforce capacity and skill-based training/ induction requirements across the organisation to the People, Organisational Development and Culture Committee (PODCC) for consideration at agenda setting. 	CSO	February 2025	Complete
QSEC (25) 119	Patient Experience Reporting <ul style="list-style-type: none"> To present a plan to Public Board in March 2025 for a revised patient experience report, incorporating more analytical content. To discuss with Llais Cymru the revised content of the Patient Experience Report prior to presentation at Board. 	LOC/ SD	March 2025	Complete: A revised interim report has been agreed with the Chair. The new format is being trialled at Public Board in March 2025. The future design will be centred around the new People's Experience Framework and will include analytical content. Engagement with Llais and other stakeholders will take place to contribute to this report, including through Listening and Learning Sub-Committee.
QSEC (25) 120	Paediatric Services: Neonatal Ventilators: Patient and Staff Experience Feedback <ul style="list-style-type: none"> To suggest that the Capital Planning equipment replacement programme is considered for inclusion on the Strategy and Planning Committee (SPC) forward work programme in response to 	CSO	February 2025	Complete: The Capital Planning Equipment Replacement Programme has been added to the SPC 2025/26 workplan.

	concerns raised regarding Charitable Funds being sought for essential NHS Equipment.			
QSEC (25) 123	Urgent and Emergency Care Discharge Management Internal Audit <ul style="list-style-type: none"> To seek clarity on why out of the total 102 reported unexpected admissions or readmissions in 2024, 116 were related to midwifery areas. 	CG	February 2025	Complete: A review was undertaken by the Head of Midwifery and there appears to be some element of coding and how admissions are captured rather than a specific area of concern, for example, the 93 readmissions to Special Care Baby Unit were actually unplanned admissions and not readmissions, similar for other areas. A further review against national benchmarking suggests the Health Board are well below national averages.
QSEC (25) 124	Update on the service changes in the Minor Injuries Unit in Prince Philip Hospital, Tregaron Hospital and Paediatrics in Bronglais Hospital: <ul style="list-style-type: none"> To consider the methodology to ensure patient feedback is captured and monitored following service changes. 	LOC/ SD	March 2025	Complete: All services are set up on the CIVICA system to monitor impact on experience prior, during and following change. There is also opportunity to survey at agreed points through the process, using a bespoke survey, utilizing the All Wales experience survey measures, with some opportunity to benchmark across Wales.
QSEC (25) 124	Update on the service changes in the Minor Injuries Unit in Prince Philip Hospital, Tregaron Hospital and Paediatrics in Bronglais Hospital: <ul style="list-style-type: none"> To consider reducing the frequency of scheduled updates on the ongoing impact of service changes at Minor Injuries, Prince Philip, Tregaron and Paediatrics at Bronglais due to assurances received from the report and advise the Chair accordingly. 	JW/ SD/ AL	February 2025	Complete: Following a discussion with the Chair, Executive Lead and Director of Corporate Governance, it has been agreed to report on an exception basis dependent on any potential escalation to QSEC. A brief update will be included within the April Quality Assurance Report prior to further discussion in Board in May 2025.

QSEC (25) 125	Quality Assurance Report <ul style="list-style-type: none"> To ensure the Quality Improvement projects align with Health Board priorities (for example Falls and Pressure Damage which are the top 3 most reported incidents) 	SD/ MD	February 2025	Agenda item 2.8
--------------------------	---	---------------	----------------------	-----------------

SD: Sharon Daniel	AC: Andrew Carruthers	LOC: Louise O'Connor	CG: Ceri Griffiths	CSO: Katie Lewis	MD: Mandy Davies
JW: Joanne Wilson					