

**Cofnodion Cymeradwyedig o Gyfaforfod y Pwyllgor Ansawdd, Diogelwch a Phrofiad/
Approved Minutes of the Quality, Safety & Experience Committee**

Date of Meeting: **09:30, Thursday 12 February 2026**
Venue: **Microsoft Teams; Picton Terrace Meeting Room**

Present: Eleanor Marks (Committee Chair)
Rhodri Evans (Vice Chair of the Committee)
Chantal Patel (Independent Board Member)
Michael Imperato (Independent Board Member)
Neil Prior (Independent Board Member)

In Attendance: Sharon Daniel (Executive Director of Nursing, Quality & Patient Experience)
Andrew Carruthers (Chief Operating Officer)
Caroline Burgin, (Quality and Safety Assurance Team)
Cathie Steele (Interim Assistant Director of Nursing Assurance and Safeguarding)
Charlotte Westacott (Head of Safeguarding)
Danielle Berisha, (Llais Cymru)
Elin Brocke, (Head of Research, Innovation and Improvement)
James Severs (Executive Director of Allied Health Professions and Health Science)
Jo Bradburn (Deputy Director of Allied Health Professions)
Jo McCarthy (Consultant in Public Health)
Louise O'Connor (Assistant Director)
Joanne Wilson (Director of Corporate Governance/Board Secretary)
Mark Henwood (Executive Medical Director)
Simon Chiffi, (Head of Operations)
Katie Lewis (Committee Services Officer)

Minutes Ref.	Item	Action
	Welcome and Apologies	
	Apologies were received from: <ul style="list-style-type: none"> • Dr Ardiana Gjini, Executive Director of Public Health 	
QSEC 26 (01)	Declarations of Interest	
	No declarations of interest were noted.	
QSEC 26 (02)	Minutes from the Previous Meetings on 4 November 2025 and 4 December 2025 and Table of Actions	
	The minutes from the previous meetings held on 4 November 2025 and 4 December 2025 were reviewed and all actions were noted as completed.	

Decision: The minutes from the previous meetings held on 4 November 2025 and 4 December 2025 were approved.

QSEC 26 (03) **Committee Self-Assessment Report**

Mrs Joanne Wilson presented the Committee Self-Assessment Report. The report was positively received, with a high number of completed actions noted. Areas identified for improvement included the quality and timing of papers and data quality.

Ms Eleanor Marks highlighted the need to streamline the narrative within papers to improve focus and more efficient use of time for both operational staff and Members. She emphasised the importance of providing the Committee with appropriate data to support effective interpretation and reflected on the balance between executive and independent member roles in scrutiny.

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

QSEC 26 (04) **Targeted Intervention Progress Report**

Mrs Sharon Daniel presented the Targeted Intervention Progress Report and highlighted three main areas: hospital-acquired infections, backlog in complaints and incidents, and the need for discipline and accountability in responding to patient and family complaints.

The discussion focused on the recurring spikes in infections and Cllr Rhodri Evans queried the impact of cleaning standards on infection rates, highlighting the high footfall in Emergency Departments. Members were advised that Mr James Severs, Mrs Daniel and Mr Henwood had discussed the interdependencies of infection prevention challenges from a clinical perspective. Mr Severs explained that there has been significant progress has been made within the Facilities Department over the past year to improve practice, with further detail to be provided through the Estates and Facilities Update report later in the meeting.

Referring to the actions arising from inspections that are overdue within the report, Ms Steele noted that service leads often strive to be ambitious and consequently set completion dates that are not always achievable. She explained that timeframes can progress quickly, and setting overly optimistic deadlines can result in actions not being completed on time. She further advised that, before an action can be closed, the Quality and Safety Assurance Team requires evidence demonstrating that the action has been fully completed.

It was noted that open inspection reports are monitored and reported through Clinical Care Group governance meetings. In response to a query from Ms Marks regarding the setting of action dates, Mrs Wilson confirmed that audit and inspection governance training had been delivered to Clinical Care Group

leads. As part of this training, the importance of assigning realistic and achievable timeframes for actions was emphasised.

Ms Steele also advised that, following previous discussions at Committee, the Quality Assurance Report, which provides a focus on a number of the matters highlighted within the TI Report, is currently under review. The revised report is expected to provide greater clarity on trajectories and will include enhanced intelligence to support governance and oversight.

The Committee noted the current position against targeted interventions, the scale and ageing profile of open complaints, and the inspection positions. The need for stronger evidence-based assurance and consideration of corresponding improvements in risk reduction was highlighted.

Decision: The Committee noted:

- The current position against the TI de-escalation criteria within the QSEC remit, triangulated through the 'Our Performance' dashboard for Datix/complaints extracts (PSM; CIM integrated systems), the HIW inspections dashboard, and Beacon dashboard evidence contained within this pack.
- The scale and ageing profile of open complaints and incidents, and that the principal constraint to closure remains timely-awaits service comments" / response completion.
- The HIW inspections action position and the concentration of overdue actions within a small number of inspections, particularly the ED inspection cohort.

QSEC 26 (05)

QSEC Terms of Reference for Review

Mrs Wilson presented the Quality, Safety & Experience Committee (QSEC) Terms of Reference. A number of amendments were noted, including changes to membership and the removal of a legacy position.

Mr Neil Prior proposed that the Committee's roles and responsibilities of the Committee be set out more succinctly and clear, emphasising a stronger focus on patient impact, quality, and health outcomes. He also suggested providing a verbal reminder of the Committee's role at the start of each meeting. Subject to these amendments, the Committee approved the Terms of Reference, for submission to the Board.

JW

Decision: Subject to suggested amendments, the QSEC Terms of Reference were approved for submission to the Board.

QSEC 26 (06)

Unscheduled Emergency Care (UEC) Accelerated Work Programme Update and Patient Story

Ms Nicola Zroud and Mrs Anna Chiffi joined the meeting to present a patient story and provide an update on the UEC accelerated work programme.

Ms Zroud shared a presentation that illustrated the complexities of caring for vulnerable adults with cognitive impairment, behavioural escalation, safeguarding needs, and significant system pressures impacting flow and staff morale and workload.

The presentation focused on a patient, who presented in the Emergency Department (ED) during June 2025 with increased confusion and was later diagnosed with a urinary tract infection (UTI). The patient's medical history included cognitive impairment, type 2 diabetes, recurrent UTIs, and a recently broken-down care package. While in ED, the patient was cared for in a noisy and busy environment, which exacerbated their confusion and anxiety, and resulted in behavioural disturbances. This made care increasingly challenging for staff and contributed to delays in safeguarding processes, including Deprivation of Liberty Safeguards (DoLS) applications.

The patient was transferred to Ward 12, which was under significant pressure with beds surged beyond capacity. The behavioural issues escalated, requiring intense supervision and intervention. Safeguarding concerns arose at multiple points during the patient's journey, culminating in the submission of a DoLS application. Despite operational pressures, there was strong multidisciplinary co-ordination across nursing, medical therapies, mental health liaison, psychiatry, and safeguarding teams.

The story highlighted several key improvements introduced to address these challenges, including reducing bed surges in Ward 12, reclaiming the activities room to de-escalate behaviours, and proactively identifying patient triggers in partnership with the Reducing Restrictive Practice Team. The presentation underscored the importance of system-wide interdependencies and the impact of challenging environments on patient care and staff workload.

The Committee engaged in a discussion following the presentation, raising questions about the typicality of such cases, data collection, and the broader themes of patient safety risks associated with prolonged stays. The discussion also touched on the impact of treating patients in non-designated spaces, corridor care, and the need for consistent frailty pathways across the Health Board.

There was a consensus on the need for comprehensive governance arrangements to manage and prevent harm, with references to various initiatives such as streaming hubs, expansion of the Same Day Emergency Care (SDEC) pathway, discharge pathways, and boarding risk assessments. The Committee acknowledged the progress made and the strengthened governance and operational controls in place, while

recognising the ongoing challenges and the need for further improvements.

Ms Marks expressed appreciation for the efforts of staff dealing with such complex situations and emphasised the importance of continued focus on improving patient care and staff support.

Decision: The Committee discussed and noted the patient story.

QSEC 26 (07) **Equity Impact Assessment Tool**

Dr Jo McCarthy joined the meeting to present the Equity Impact Assessment Tool, developed as part of the 24-7 model, to ensure that strategic and operational decisions do not impact upon health inequities across the region. The tool focuses on socio-economic factors and aims to support equitable access to services, particularly for people facing transport issues and other barriers.

The toolkit is designed to be user-friendly and has already been utilised in some early decisions within the Clinical Services Plan Programme. Dr McCarthy emphasised the importance of embedding equity considerations in all aspects of service delivery and strategic planning. The Committee discussed the need for an integrated impact assessment process and the formal ratification of the tool kit which Mrs Wilson suggested is appended with the QSEC Update Report to Board for final approval. Members agreed with this approach.

KL

Mrs Chantal Patel queried how the toolkit would avoid becoming a tick-box exercise, and instead drive meaningful action. Dr McCarthy advised that the identification of equity issues through the toolkit would require the development of specific actions.

The discussion also touched on the broader implications of the toolkit for the Health Board's strategic direction, particularly in relation to the Mid and West Wales Strategy and the shift towards prevention and community-based care. The Committee agreed on the need to combine assessment processes and embedding equity considerations in all decision-making.

Decision: The Committee approved the toolkit and proposed appending it to the QSEC Board Update report for final approval to formalise the toolkit ahead of its integration into the quality impact assessment process.

QSEC 26 (08) **Management of Waiting Lists/DNAs/ Appointments:**

Ms Marilize Preeze joined the meeting and provided a follow-up to the Committee, highlighting the review of communication processes for 109 services and 198 subspecialties. She

emphasised that the review was welcomed by the services and staff involved, with full engagement and no reported resistance.

Three main themes were identified from the review:

- There was a lack of standardised processes across the system. Where guidance existed, staff had different interpretations or were unaware of them. Specific issues included guidance for vulnerable patients, what constitutes a reasonable offer, recording communication, discharge following Did Not Attend (DNA) and Could Not Attend (CAN) appointments, and limited audit processes.
- Positive progress was noted in the hybrid mail rollout, allowing patients to access appointment letters and reminders online. However, multiple access points (e.g., medical secretaries, unmanned answer phones, mobile phone numbers of staff on letters) need streamlining. Additionally, letters sent do not consistently meet accessibility standards.
- Different systems are used for managing waiting lists, with some services still using Excel spreadsheets. The Welsh Patient Access System (WPAS), designed for activity and patient administration, lacks functionality for waiting list management, particularly for identifying vulnerable adults and recording narrative.

Immediate actions recommended establishing a task and finish group and reviewing the governance structures and audit processes.

Cllr Evans raised queries regarding the Referral to Treatment (RTT) guidance, specifically the clock stopping process outlined in the report. Ms Preeze explained that the RTT clock may be stopped when a patient is deemed unfit for treatment and will restart once the patient is fit, with their position on the waiting list restored, as it they had not been removed. However, tracking this manually is challenging. Mr Carruthers added that implementing RTT guidance accurately is complicated, with around 190 users having access to the system, including service managers, medical secretaries, booking clerks, and administration staff. Training is available, but uptake needs improvement.

Mr Neil Prior raised a concern regarding the Health Board failing to undertake basic customer services. In agreement, Mr Henwood emphasised the importance of establishing trust with the population, highlighting the need for robust ownership beyond business cases and task and finish groups. Mr Prior supported this, noting the shift from a paternalistic healthcare system to one focused on customer service and communication.

The Committee agreed on the importance of improving communication and processes, recognising the need for a

permanent focus on these basics. The discussion concluded with an assurance that the Committee is addressing these issues, with plans to update Board in March 2026.

Decision: The Committee noted the findings from the review of Management of Waiting Lists/ DNA's/ Appointments and the recommendations to support improved waiting list management.

QSEC 26 (09)

Quality Assurance Report

Ms Cathie Steele presented the Quality Assurance Report, noting that the format had been updated based on previous Committee feedback. The reported reduction in complaints, prompted Mrs Marks to question whether reflected a positive improvement or a potential decline in people providing feedback. Acknowledging this valid concern, Mrs Louise O'Connor explained that the decrease is due to re-categorising complaints during an internal exercise, with a number reclassified as inquiries, which are dealt with at the first point of contact. Despite the recent decrease, complaints are starting to increase again.

Ms Steele addressed concerns relating to mandatory infection control training compliance, which stands at 75.36%. Efforts are being made to improve this, including a review of the training offered to ensure it meets staffing needs. The Infection Prevention and Control (IPC) Team is working with the Clinical Care Groups to increase training compliance.

Regarding data sets and safety dashboards, Mrs Steele assured the Committee that the IPC Team provides detailed data through the Infection Prevention Strategic Steering Group. The Clinical Care Groups are being asked to strengthen locality meetings to address improvements.

Cllr Rhodri Evans appreciated the reformatting of the report, which provided comprehensive information.

Decision: The Committee noted the contents of the report and received assurance that processes are in place to review, monitor and improve the quality of services.

QSEC 26 (10)

Safeguarding Update Report

Ms Charlotte Westacott and Ms Steele presented the Safeguarding Update Report, providing detailed information on compliance with statutory safeguarding requirements. The report included background information on various safeguarding activities, such as the management of People in Position of Trust (PiPOT) cases and collaboration with local authorities.

Ms Westacott explained the concept of restorative supervision developments, which provide emotional and psychological support to staff dealing with complex and traumatic cases. This approach

goes beyond traditional clinical supervision, offering a reflective space for staff.

The Committee discussed the six-month extension requested for the Corporate Safeguarding Policy. Ms Steele assured the Committee that the policy is compliant with statutory requirements, and the extension is to ensure a robust review can be undertaken.

Cllr Evans raised questions about training and compliance, noting the overlap between adult and children's safeguarding training. Ms Steele confirmed that the training meets statutory requirements, however, work is progressing to streamline and improve the training offered.

Mr Severs asked about the impact of granting the extension to the Corporate Safeguarding Policy and sought assurance that internal processes are reviewed alongside external liaison in terms of the PiPOT investigations. Ms Steele and Ms Westacott assured the Committee that strong links exist between safeguarding processes and workforce teams, ensuring timely management of cases.

Decision: The Committee:

- Received assurance on the Health Board's safeguarding arrangements and the current activity, key developments, and actions underway to strengthen compliance with statutory safeguarding requirements.
- Agreed to a six-month extension for the Corporate Safeguarding Policy

QSEC 26 (11)

Assurance and Risk Report- Executive Leads

Mrs Wilson provided an overview of the Assurance and Risk Report, highlighting the significant increase in operational risks, which have increased from 389 to 467. Of these, 39 risks score over level 20 and are reported to the Committee. The report combines all risks and audits, focusing on principal risks aligned to the Committee. Referring to specific risks, including the sonography and corridor care risks discussed during previous meetings, Cllr Evans queried why these are not covered in this report. Mrs Wilson explained these are managed at operational level by the Clinical Care Groups and reported to the QSEC every other meeting and provided assurance that those specific risks have recently been reviewed by Mr Carruthers and his team. It was highlighted that the risks are significant due to their safety and quality implications. The Committee acknowledged the alignment of these risks with the Clinical Services Plan (CSP) and fragile services.

Mrs Sharon Daniel raised the issue of reviewing the risk around providing care in non-designated clinical areas. This review will be led by the Quality, Safety and Assurance Team, integrating individual risk assessments for each patient cared for in such areas. Mr Carruthers added a general point about the increasing

risks due to the planning process and operational focus. He noted the significant work undertaken in reviewing local operational risk registers, which will inform the high-level risks requiring oversight. An example cited was Risk 1603 concerning *delayed response to referrals for children with selective eating*, identified by a Clinical Care Group as a priority for this year's planning cycle.

Mr Prior inquired about the possibility of deep dives into specific risks on future agendas. It was clarified that deep dives are typically conducted on corporate risks, with recent work undertaken to theme risks to provide clearer insights and this can be discussed further at agenda setting for the next meeting. It was agreed that deep dives into these areas are necessary. Ms Marks emphasised the need to ensure transparency regarding the financial position and its impact on risks, emphasising the importance of making this clear to both the Board and the population served. JW

Mr Imperato commented on the high-risk scores and the realism of these assessments, linking them to the planning and financial constraints. Specific risks around diagnostic demands and physiotherapy waiting times were highlighted, with a mention of minor discrepancies in risk scoring that need correction.

The discussion concluded with a consensus on the need to advise the Board about the seriousness of these risks and the potential for deterioration due to financial constraints. The Committee agreed to assure the Board on the process however advise on the specific risks and decisions required. The Committee appreciated the comprehensive nature of the report and took assurance from the detailed risk management processes in place.

Decision: While assurance was provided regarding the robustness of the risk management process, the Committee agreed that further scrutiny of extreme-level risks is required.

QSEC 26 (12)

Epilepsy in Learning Disabilities Update on Public Interest Report

Mrs Sharon Daniel presented the progress report on epilepsy in learning disabilities. The report provided updates on the task and finish group addressing the Ombudsman's recommendations. External clinical oversight has been secured, although much of the work is still in development and requires continued oversight.

While the pathway for epilepsy care was approved last July it is not yet consistently operational. A mapping exercise revealed gaps that are being addressed through continuous improvement opportunities. The task and finish group remains active, with external clinical assurance and input from Swansea Bay University Health Board. Apology letters have been issued to the affected families. Inaccuracies identified in the letters are being reviewed and addressed.

Systemic risks such as capacity issues persist, with specialist learning disability and epilepsy nursing capacity being considered to meet the needs of patients and carers. The Task and Finish Group has developed a new accountability map to clarify roles across the system, involving various care sectors and advocacy groups.

The Committee expressed assurance that processes are in place to address these complex challenges, with ongoing efforts to support individuals and families involved. The discussion concluded with a consensus that the Board should be assured of the progress and processes in place.

Decision: The Committee:

- Received assurance on the progress made against Recommendations thus far.
- Acknowledged the continued work of the LD Epilepsy Task & Finish Group.
- Agreed to receive a further update at a future meeting for full assurance on equity, access and variation.

QSEC 26 (13)

Estates and Facilities Clinical Care Group

Mr Simon Chiffi and Ms Elin Brocke joined the meeting to present the report on the Estates and Facilities Clinical Care Group (CCG), highlighting the challenges and progress over the past 12-18 months. The focus has been on strengthening governance and accountability, with revised terms of reference for the Environmental Hygiene Group and completion of actions from the internal audit on standards of cleanliness.

The priority for the coming year is implementing a new model of cleaning provision, with extensive staff engagement. The assessment of cleaning resources aims to shift focus from low-risk to high-risk areas, with proposals put forward for winter resilience workforce. There is an organisational change process underway to strengthen rota arrangements to provide a 7 day a week cleaning service and the team is working closely with Trade Unions to support staff as much as possible.

Mr Chiffi provided an overview of the estate's maintenance and compliance challenges, emphasising the importance of capital investment to address the ageing infrastructure. The CCG has made significant progress in structuring its business, improving governance, and documenting risks comprehensively.

Ms Marks highlighted the importance of strategic capital investment and the challenges of maintaining quality and safety in amid financial constraints. Assurance was provided on the

improvements made and the ongoing efforts to address risks and enhance the estate's quality.

The discussion concluded with recognition of the progress made and the assurance taken from the comprehensive update presented.

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

QSEC 26 (14)

Listening and Learning Sub Committee and Terms of Reference for Review

Mrs O'Connor presented the report from the Listening and Learning Sub Committee, noting no alerts, highlighting the significant work required to implement the Listening to People Regulations. The change impact assessment is pending national-level decisions and will be ready for the next QSEC meeting. The advise matter was accepted.

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Mrs O'Connor advised that the revised terms of reference have been strengthened in terms of membership and scope, focusing on evidencing how feedback leads to learning and improvement. The Sub Committee aims to demonstrate a reduction in harm and improved experiences through the appreciative inquiry and balanced feedback. Mr Henwood added that medical involvement has been broadened, with assistant medical directors joining the Sub-Committee to ensure widespread distribution of learning.

The Committee expressed appreciation for the positive approach of appreciative inquiry and the strengthened terms of reference.

Decision: The Committee:

- Noted the items the Committee is advising it of
- Received assurance from the items that the Sub Committee provided assurance for.
- Approved the LLSC terms of reference.

QSEC 26 (15)

Safety Alerts Policy

Burgin. Ms Caroline joined the meeting and explained that the Safety Alerts Policy was due for review within the next 12 months, and it was decided to update it to reflect current practices. The primary change involved the process of managing safety alerts, which would now be uploaded onto the Audit Management and Tracking System (AMAT). This change aims to streamline the allocation of alerts to appropriate individuals and facilitate engagement through the system. Additionally, Ms Burgin referenced aligning the alerts to Committees and Sub Committees for clearer oversight.

Ms Marks expressed appreciation for the updated policy, noting that it made good reading and was beneficial for the organisation. There were no questions from Members, and the policy was approved.

Decision: The Committee approved Policy 429 Management and Distribution of Safety Alerts and Notices.

QSEC 26 (16)

- **QSEC Work Plan 2026-27**
- **Date of Next Meeting: 9 April 2026**