Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

APPROVED MINUTES OF THE QUALITY, SAFETY & EXPERIENCE COMMITTEE MEETING/ COFNODION CYMERADWYEDIG O GYFARFOD Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD

Date of Meeting:	**09:30, Thursday 14 August 2025**
Venue:	**Microsoft Teams Meeting/ Ystwyth Boardroom**

Present:	Anna Lewis (Chair of the Committee) Chantal Patel (Independent Board Member) Eleanor Marks (Committee Vice Chair) Michael Imperato (Independent Board Member) Sarah Harraway (Independent Board Member)
In Attendance:	Sharon Daniel (Executive Director of Nursing, Quality & Patient Experience and Lead Executive for the Committee) Andrew Carruthers (Chief Operating Officer) Bethan Lewis (Assistant Director of Public Health Strategic Business and Operations) deputising for Dr Ardiana Gjini, Executive Director of Public Health Caroline Burgin (Patient Safety and Assurance Manager) Cathie Steele (Interim Assistant Director of Nursing Assurance and Safeguarding) Charlotte Wilmshurst (Assistant Director of Assurance and Risk) Dana Scott (Director of Midwifery & Professional Governance for Women & Children) Elin Brock (Head of Research, Innovation & Improvement) James Severs (Executive Director of Allied Health Professions and Health Science) Jill Paterson (Director of Primary Care, Community and Long Term Care) Katie Lewis (Committee Services Officer) Kay Isaacs (Assistant Service Director- MHLD Clinical Care Group) Liz Carroll (Service Director MH&LD Clinical Care Group) Louise O'Connor (Assistant Director of Legal and Patient Experience) Mark Henwood (Executive Medical Director) Mwape Burke (Aspiring Board Member) Olwen Morgan (Assistant Director of Nursing)

Apologies were noted from:

- Ardiana Gjini, Director of Public Health
- Joanne Wilson, Director of Corporate Services (Charlotte Wilmshurst is deputising)
- Vanessa Davies, Health Inspectorate Wales
- Amanda Glanville, Assistant Director of Workforce
- Subhamay Ghosh, Associate Medical Director for Quality and Safety

Minutes Ref.	**Item**	**Action**
	The Chair of the Committee, Mrs Anna Lewis, extended a warm welcome to all and introductions were made.	

QSEC 25 (36) Declarations of Interest

Ms Eleanor Marks declared an interest as a Member of the Professional Standards Authority.

QSEC 25 (37) Minutes from the Previous Meeting and Table of Actions

Referring to action reference QSEC (25)17: To share with the Committee a plan for the development of a 'patient communication strategy' across planned care services which represents a critical requirement for multiple de- escalation criteria, Mrs. Lewis queried the timelines for the development of the project scope. In response, Mrs. Sharon Daniel advised that the team are currently mapping out the requirements through a quality improvement lens and in collaboration with Communication Hub. Mrs Daniel undertook to request that a report is presented to the October QSEC meeting. **SD/ MD**

<u>Decision</u>: The minutes from the meeting on 10 June 2025 were approved as an accurate record.

QSEC 25 (38) Self-Assessment - Six month Review of Actions

The six month review of actions following the Committees self-assessment undertaken in February 2025 was shared, with six out of the 10 actions completed and progressing within agreed timeframes. The final report will be shared in February 2026.

<u>Decision</u>: The Committee received assurance from the progress made against the actions being undertaken to improve its effectiveness.

QSEC 25 (39) Assurance on Governance Arrangements Report - Executive Leads

The Committee received a revised reporting format for the Corporate Risk Report, which now includes internal and external audit reports, monitoring of Ministerial Directions and Welsh Health Circulars (WHCs). Mrs Lewis commented that the revised format is helpful in providing focus for the Committee.

Mrs Chantal Patel expressed concern over the extended timelines for achieving target risk scores, highlighting Risk 664 - *Risk to ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to* recruit as an example, with its target score not expected to be met until 31 March 2027.

Miss Paterson clarified that the Ophthalmology Risk is not solely dependent on the recruitment of a Consultant Ophthalmologist. She noted several developments within Primary Care Optometry such as the introduction of Glaucoma filtering and monitoring pathways and the expansion of independent prescribing optometrists. These developments have enabled more services to be delivered within the community, thereby alleviating pressure on

the Ophthalmology service and supporting more timely diagnosis and treatment.

In response to Mrs. Patels' observation regarding long-standing risks, Mrs. Lewis noted that some risks are deeply embedded in the system, or subject to wider strategic developments, such as the Clinical Service Plan. As a result, the associated timelines may no longer be appropriate or reflective of current circumstances. Ms. Wilmshurst provided assurance to the Committee that the Executive Team is currently reviewing the Annual Planning Process to adopt a risk-based approach. This will involve executive oversight to determine which risks will be tolerated and incorporated into the Clinical Care Groups (CCG's) annual plans.

Building on Ms. Wilmshurst's point, Mr. Carruthers noted that several long-standing risks continue by default unless refreshed through an annual review process. He confirmed that discussions are underway with operational teams to review how the risk register is being utilised to inform the planning process. He also acknowledged that strategic developments can influence the timescales associated with these risks.

Mrs. Lewis highlighted that the target score for Risk 1032 - *Risk of timely diagnosis and treatment of Mental Health and Learning Disabilities* clients *due to demand and capacity* is the same as the current risk score and requested that this is clarified ahead of the next meeting. **LC**

In terms of Risk 1859 - *poor patient outcomes and experience due to the inability to effectively recognise and manage acute deterioration*, Ms. Marks understands that this relates to patients who are under the care of the Health Board, and in light of the significant implications, queried what is being done to manage the risks. In response, Mrs. Daniel highlighted the focus on enhancing education and training opportunities aimed at increasing awareness, ensuring that all staff who undertake clinical observations can identify the signs of deterioration in a timely manner. However, she acknowledged that the current position falls short of the desired standard.

In response to a further query from Ms. Marks regarding how this risk was identified, Mrs. Daniel explained that it emerged during discussions within the Quality and Safety Improvement Group. The concern was flagged following an increase in cardiac arrests, where delayed medical intervention was highlighted as a recurring theme. Ms. Marks expressed reassurance that this demonstrated the effectiveness of the organisation's governance processes for escalating risks.

AC

Mrs. Lewis commented that there is currently no confirmed date for achieving the target risk score for *Risk 684 - timely investment and replacement of Radiology equipment and supporting infrastructure.* However, she had been informed there is a plan in

progress. Acknowledging the need to revise the wording of the risk, Mr. Carruthers confirmed that a plan is indeed in place. Nevertheless , he clarified that the required capital funding from Welsh Government has not been secured to support its implementation.

The Committee discussed concerns around risks where internal mitigations have been exhausted and progress is reliant on external factors, particularly Welsh Government funding. Mrs. Lewis questioned whether stronger representation should be made to Welsh Government or the Board. Ms. Marks requested clarity on how these risks are being escalated to WG and committed to raising the issue at the Vice Chairs' meeting. Mrs. Lewis expressed a desire to explore further actions the Committee could take.

LD/HT

EM

In terms of Risk 1708 - *increasing fragility in primary care contractor services due to external factors*, Mrs. Lewis asked Miss Paterson to provide a brief overview from the service and explain what support is needed from the organisation to accelerate progress on the Primary Care Strategy. Miss Paterson updated the Committee that this risk has recently been de-escalated. While services remain fragile, the Health Board has a statutory duty to ensure their provision, although, the delivery model may change.

Miss Paterson clarified that Risk 1708 is not solely dependent on the development of the Primary Care Strategy. However, as the service moves closer towards redesign through cluster-based arrangements, additional funding is required to support this shift.

Miss Paterson advised that future Board support will be sought for the implementation of the Primary Care Model for Wales and the local cluster-based service delivery. She also highlighted further requests for support regarding the Eye Health Plan and the Dental Investment Plan.

Mrs Lewis proposed that the Board be formally advised of this risk, emphasising its critical role in enabling progress, which is closely linked to the approval of the Primary Care Strategy.

<u>Decision</u>: The Committee received assurance that all planned actions are credible and deliverable, and in line with agreed plans, and will be implemented within stated timescales and will reduce risks further and/or mitigate the impact should risks materialise.

QSEC 25 (40) **Targeted Intervention Progress Report**

Mrs. Lewis thanked Mr. Shaun Ayres for preparing the insightful report and was pleased to note a number of positive developments and improvements, whilst acknowledging the further work required such as the number of Healthcare Inspectorate Wales (HIW) recommendations that remain unaddressed. In agreement, Mrs. Daniel advised that the Interim Assistant Director of Nursing, Quality Assurance and

Safeguarding has requested that a risk assessment is undertaken for these actions, as over half are aligned with national action plans or with other Health Boards to address. For assurance, the risk assessments will be reported to the Directorate Improving Together sessions (DITs). Work is underway to strengthen the Health Board's relationship with the HIW through monthly touchpoint meetings, in response to an increasing number of letters of concern received from HIW.

Mrs. Daniel highlighted that Healthcare Acquired Infections (HCAI) remain as an alert for the Committee, with the Health Board reporting 7.3 cases per month of C-Diff which is 1.3 cases above the target.

Reported cases of Staphylococcus aureus bacteraemia are averaging 3.2 per month with the target to de-escalate being 2. The position continues to be monitored through active surveillance and strengthened ownership from CCG leads for HCAI.

Commending the report, which sets out the position clearly for the Committee, Mrs Lewis highlighted that while the report articulates the actions needed to make progress or improvements, the ownership and timelines of the recommended actions are not included. Noting Mrs. Lewis's observation, Mrs. Daniel assured the Committee that the actions form part of the internal escalation process and DITs, which are monitored appropriately. Mrs. Lewis added it would be helpful to articulate the actions underway and timelines in future reports. **SA**

Ms Harraway noted a recurring theme among the areas in escalation raised concerns regarding the lack of project management support articulated within the report. With significant organisational change being proposed, it is concerning that there is a shortage of the necessary support to drive these initiatives forward. Mr. Henwood acknowledged the benefits, however explained that there are financial constraints.

Ms. Harraway further questioned how project support is being aligned with the organisations strategic objectives. and shared her positive experience with a centralised transformation team. Mrs. Daniel explained that the Deputy Chief Executive is developing a proposal for a centralised support unit combining quality improvement and transformation expertise.

<u>Decision</u>: The Committee acknowledged the measurable progress demonstrated across several Targeted Intervention criteria, and noted that whilst positive trajectories are evident, six criteria remain at 'Alert' status requiring focused intervention.

QSEC 25 (41) **Quality and Safety Governance Arrangements**

Mrs. Daniel presented the proposals to revise the operational quality and safety governance arrangements and disestablish the

Quality, Safety and Experience Sub Committee (QSESC). The 9 reporting Groups that previously reported to QSESC will report to Quality and Safety Intelligence Group (QSIG) and the Chairs of the groups will be Members, with QSIG reporting to the Integrated Quality, Finance, Performance & Delivery Group (IQFPD). The new arrangements aim to address the long-standing challenges whereby operational matters were being reported to the Board's assurance function. As an intelligence group QSIG, will require CCG Leads to present performance data using dashboard metrics and monitoring tools such as incidents and complaints trends.

Due to statutory requirements, the Safeguarding Steering Group and Infection Prevention Control Group will report every 6 months via the Quality Assurance Report. Mrs. Daniel advised that a gap analysis has been shared as an appendix with the report to provide assurance that there are no gaps in the transition to the new arrangements.

Mrs. Daniel advised that, subject to the Committee's approval of the disestablishment of QSESC, a follow-up report will be scheduled in six months' time to evaluate the impact of the revised governance arrangements and assess improvements made across the organisation. **CS**

In response to Committee queries, Mr Henwood clarified that QSIG will serve as a central forum for Clinical Executives to monitor quality, safety and experience across the organisation, supporting effective Board assurance. All CCG's will participate, with learning shared through the Alert, Advise and Assure reports. The structure will provide direct visibility of operational challenges, with clear delegation of actions, ownership and timelines.

Decision: The Committee received assurance that QSESC's previous functions have been mapped to the new proposed approach, with due consideration given to its governance requirements and accountabilities, with enhanced reporting arrangements to QSEC in place and approved the dis-establishment of QSESC; The Committee noted that, for further assurance, a report will be presented in 6 months' time to provide an update on the effective implementation of these new operational quality and safety arrangements.

QSEC 25 (42) Patient Story- Verbal

Mr Daniel Jones shared a patient story from the All-Wales library which provided a focus on how small acts of kindness and compassion can positively influence a patient's journey, even under significant pressures. The story also highlighted other services integral to a patient's wellbeing, in this case the chaplaincy services. Mrs. Louise O'Connor emphasised the importance and impact positive communication can have on a patients health and wellbeing.

The Committee, moved by the patient story, extended a heartfelt thanks to the individual for sharing their experience and

expressed admiration for their resilience and positive outlook, despite the life altering nature of their journey.

QSEC 25 (43) Cleanliness Standards Audit report and Action Plan

Mr James Severs presented the Cleanliness Standards Audit Report to update to the Committee providing an update on the actions underway in response to the second limited assurance audit outcome regarding cleaning standards across the organisation. He provided assurance that these actions are progressing within the specified timescales. Noting that the report has also recently been presented at Audit and Risk Assurance Committee, Mr. Severs was conscious that it does not provide a focus on the quality and patient experience impacts, however a more robust assessment will be shared in readiness for an upcoming Board Seminar whereby the future direction of Estates and Facilities function will be discussed.

For the benefit of new Committee members, Mrs. Anna Lewis provided the background that cleanliness standards at hospitals have been a long-standing concern across the organisation and unfortunately tangible improvements made between the first and second internal audit was limited. The Committee had previously received the initial audit and requested clarity on the necessary step change required to address the identified challenges, following the limited assurance outcome of the follow up audit. Ms Charlotte Wilmshurst advised that a further follow up audit is scheduled for March 2026.

Mrs. Lewis highlighted that the concerns primarily relate to the systems, processes and structures in place, rather than individual staff members. Based on her own observations, staff have been working diligently under challenging circumstances.

Mrs. Patel acknowledged Mr. Severs' informative report and raised concerns about leadership within the report. She enquired whether the Committee can expect to see tangible improvements resulting from the ongoing work. In response, Mr. Severs confirmed that leadership structures are being strengthened, as current supervisory arrangements are not fit for purpose. A key strategic focus includes the imminent recruitment of a Facilities Manager for each acute site.

Ms. Lewis thanked Mr. Severs for the update and stressed the importance of avoiding a repeat of the current situation, requesting an update on tangible progress ahead of the third audit. She asked whether an internal shadow audit was planned. Mr. Severs responded that a re-audit is not currently intended, he wanted the Committee to be cited on the progress in revising governance arrangements. He also proposed providing updates through the Infection, Prevention and Control Steering Group, given the close link between cleaning standards and infection prevention. Mrs. Lewis agreed to take direction from Executive

Leads on how best to keep the Committee sighted on progress and improvements and suggested a follow-up discussion with Mrs Daniel and Mr Severs outside of the meeting to determine whether to forward plan a future agenda item or provide a verbal update in October 2025, followed by a more detailed report ahead of the March 2026 audit. **SD/JS**

Decision: The Committee received assurance that progress is being made to implement the actions arising from the internal audit report 2024/25 on Standards of Cleanliness

QSEC 25 (44) **Sonography - The impact on patient experience and clinical outcomes due to Risk 787: Workforce Pressures in Ultrasound Services**

Ms Dana Scott presented a report providing an overview of the clinical impact on patients due to work force challenges in Ultrasound Sonography Services. The serious consequences of stretched services, along with the underlying causes of current shortfalls. The need for strategic changes to the workforce model was emphasised, aiming to maximise staffing and resource use, while reducing footfall. Members acknowledged that despite a global decline in birth rates, the complexity of cases and specialist skills required to support mothers and babies has increased.

Mrs Lewis expressed her appreciation to Ms Scott for framing the clinical risks within the context of workforce challenges, noting that it was valuable to gain insight into the future vision for the service model.

Reflecting upon concerns raised by Mrs Lewis following the Safety WalkRound during which staff openly explained the clinical impact of the workforce challenges in sonography, Mrs Patel asked whether the actions articulated in the report address those concerns. In response, Mrs. Lewis noted she lacked the expertise to fully address the challenges, however confirmed the actions addressed the concerns raised during her visit. She also expressed discomfort over the potentially serious, possibly preventable outcomes described in the report.

The vision within the report, as explained by Ms Scott, proposes service change which would integrate scanning into the midwife role, aiming to reduce sickness rates linked to hand injuries and provide a more varied role for the midwives. It is anticipated that the review for midwife sonography will strengthen a currently fragile system.

Mrs. Daniel emphasised the importance of effective communication with service users, particularly if demand and capacity challenges affect where pre-natal care is delivered. Mrs. Daniel questioned whether there is a wider piece of work to be considered by Public Health on the rationale for the increase in complexities for pre-natal care. Ms. Scott responded that factors including diet, lifestyle and age contribute to this trend.

BL

Providing an update on the recently HIW published report relating to the unannounced visit to Glangwili Hospital's maternity ward, Mrs. Daniel confirmed that the press release has been issued and noted that whilst there are recommendations to be addressed, the overall findings in the report are very positive. Mrs Daniel expressed thanks to Ms. Scott and colleagues for their continued dedication and hard work in driving improvements. She also reminded the Committee of the All Wales Maternity and Neonatal (Mat Neo) Review which will take place in due course.

Mrs. Lewis reflected positively on her visit to the maternity unit, expressing enthusiasm with the team including expert clinicians. She was pleased to note that the findings of the HIW report aligned with her own impressions. In terms of the service model redesign and workforce plan scheduled for Executive approval in March 2026, Mrs. Lewis asked timelines for Board approval are factored in.

Decision: The Committee received assurance from the review and progress to mitigate the challenges in the Obstetric Ultrasound Service (Risk 797), supported the internal review process within Radiology and supported the strategic workforce plan to train more midwife sonographers.

QSEC 25 (45) **Quality Assurance Report**

Ms. Caroline Burgin presented the Quality Assurance Report, drawing attention to a recent positive development following concerns previously raised at the Committee relating to an apparent decline in incident reporting. She noted that there has been a recent encouraging upward trend, which serves as an early indicator of progress. The Quality Assurance Team continue to actively promote the significance of incident reporting with staff.

Mrs. Patel queried the varied feedback from ethnic groups highlighted within the patient experience demographic slides and wondered whether this is being explored further to understand the differences from the other groups. In response, Mrs. Louise O'Connor advised that they are at the start of this analytical process and currently embedding the new systems to receive patient feedback via the survey according to demographics; therefore data is limited at the moment in terms of quality feedback to support the information presented. As the survey expands this will allow a deeper analysis which can be presented to a future meeting. Mrs. Lewis noted that it would be beneficial for the Committee to receive once the data becomes available. **LOC**

Ms. Eleanor Mark highlighted the significant learning identified from the 240 incidents closed where Duty of Candor has been triggered and queried how the learning is being implemented across the organisation. In response, Ms Burgin explained that incident outcomes are fed back through team meetings and disseminated across the organisation through the QAST Team.

Additionally a learning library has been established via SharePoint for cross organisation learning. Mrs. Lewis suggested forward planning an update on the impact of the Learning Framework that has been developed. Mrs Patel commented it will be helpful during this update to provide clarity on how these learning opportunities are shared with the Education Team, highlighting that while lessons learned are discussed regularly within the report, there is a lack of clarity on the mechanisms for sharing the learning for quality improvements. **LOC**

In response to Mrs. Patels' query regarding the link with education, Ms. Steele advised that she is a member of a multidisciplinary education group which reviews learning from incidents and other themes to develop action plans. The consideration of themes has recently progressed with support from artificial intelligence (AI) function. Newsletters are also being developed and shared via the CCG's. This process also improves the link with the Enabling Quality Improvement in Practice (EQIiP) programme to target specific areas. Mrs. O'Connor added that the membership of the Listening and Learning Sub Committee is in the process of being updated to include Workforce and Education colleagues to ensure learning is shared across the organisation.

Highlighting an increase in pressure damage incidents reported during inpatient care, which indicates a shift from previous trends, Miss. Paterson enquired whether the underlying causes, such as training gaps or staff turnover, are understood and whether this is being investigated. In response, Ms. Steele clarified that reporting pressure damage present on admission has remained consistent particularly for patients admitted from a care home or a nursing home. Whilst these incidents occur outside of healthcare settings, it is important to report them to ensure ongoing monitoring and safeguarding referrals where necessary.

The Committee requested a further investigation into the increase in pressure damage in hospital settings and the agreed that the findings would be included in the Quality Assurance Report at the October meeting. **CS**

Drawing attention to the Speaking up Safely slides, and noting that a more detailed discussion from a staff perspective will take place at the forthcoming People, Organisational Development and Culture Committee, Mrs. Lewis reflected upon the narrative within the report expressing concern that it appeared overly optimistic in comparison to the data presented which indicates modest improvements. Mrs. Lewis suggested that going forward a trend analysis is included to indicate the difference the Speaking up Safely agenda is making across the organisation. **RB/CS**

In terms of national benchmarking, Mrs Lewis commented this exercise holds limited value unless it is undertaken against consistently high standards of performance, which she noted are not currently being met on a national level. In agreement, Ms Marks expressed encouragement regarding the

work being undertaken, although shared concern about the current Health Board position within this area.

On the same matter, Mrs Patel expressed concern about a disconnect between what is being presented to Committee and the realities at ward level, sharing feedback from a recent medical conference whereby some doctors indicated that they were unaware of the Speaking up Safely agenda. Additionally, Mrs Patel noted a lack of clarity around how this work aligned with the education framework, highlighting that the link with education is not evident within a number of reports presented today.

RB

Acknowledging the feedback, Mrs Daniel proposed a follow-up discussion with the reporting team to review the narrative in the report and ensure that the statistical significance of the data is reported in an objective and balanced manner.

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

QSEC 25 (46) Duty of Quality Annual Report 2024/25

Ms. Caroline Burgin presented the Duty of Quality Annual Report and informed the Committee that stories continue to be collated. Thanking Ms Cathie Steele for preparing the report, Mrs Lewis highlighted the omission of 'Efficient' for the STEEEP acronym within the report.

CS

Decision: The Committee received the Duty of Quality Annual Report 2024/25 Report and supported the proposed next steps.

QSEC 25 (47) Quality, Safety and Experience Sub Committee (QSESC) and Terms of Reference for Annual Review

Mr Mark Henwood shared the QSESC update report and advised that the terms of reference would no longer require ratification as the proposals to dis-establish the Sub Committee had been approved by the Committee.

Decision: The Committee noted the Quality, Safety and Experience Sub Committee Update Report.

QSEC 25 (48) Listening and Learning Sub Committee Update Report

Mr Mark Henwood provided the key highlights from the Listening and Learning Sub Committee report, which took place on 11 August 2025, and apologised to the Committee for the late circulation of the paper. The meeting focused on the theme of communication, encompassing patient experience, complaints, Ombudsman cases, incidents, redress cases, and inquests. Communication has been issued following a recurrent concern across different feedback mechanisms. The Board recognised this trend and had tasked both the Listening and Learning Sub-Committee and the Quality, Safety and Experience Committee with analysing the underlying themes to inform targeted

improvement initiatives aimed at enhancing communication, care quality, and patient experience. Mr Henwood recognised that this is a significant piece of work that will require embedding across the system. He emphasised the need for careful planning in determining the membership of the working group that will take this initiative forward.

Mr Henwood highlighted the need for improved resources and training for staff to support education and motivate better patient care. He also referred to ongoing concerns raised by patients regarding multiple points of contact and inconsistencies in correspondence, identifying this as an area which requires focus.

The Committee received a request to extend Guideline 568 until 31 October 2025, following update made to align the guidance with revised national requirements. The extension was approved.

Decision: The Committee noted the contents of Listening and Learning Sub Committee Update Report and approved the extension of Guideline 568 until 31 October 2025

QSEC 25 (49) Epilepsy Service in Mental Health and Learning Disabilities

Mrs. Olwen Morgan presented an update on the actions and recommendations arising from the 2023 external review of epilepsy services for individuals with learning disabilities. She also gave a brief overview of the role of the Task and Finish Group that has been established to address the ongoing challenges and co-produce a revised patient pathway. The work will be progressed at pace to improve access to services for patients.

Members noted that most actions from the external review have been completed, including recruitment into clinical posts. Mrs. Morgan highlighted that the main challenge for this service is timely patient access to Neurology Services, with the consultant commissioned via Swansea Bay University Health Board (SBUHB). Mr. Carruthers noted the existing national challenges affecting the epilepsy service pathway and confirmed that SBUHB currently lacks capacity to provide additional support in this service.

Mrs. Lewis stressed the importance of ensuring that individuals with a learning disability are not disadvantaged in accessing physical health services, noting that this may require the Health Board to implement reasonable adjustments. She also highlighting that the Committee have been discussing these concerns for over two years, and queried whether more could be done to accelerate progress. In response, Mrs. Morgan provided assurance that the Task and Finish Group are working at pace to address the challenges and confirmed that delays will be escalated promptly for resolution.

Members were pleased to note the co-production is taking place with service users and families and that the Clinical Executives met with families of those affected periodically to provide updates on progress.

Thanking Mrs. Morgan and Ms. Carroll for the update, Mrs. Lewis suggested this is reported to Board as an 'assure' item and the Committee will track progress in due course.

Decision: The Committee received assurance from the plan to review and improve the pathway for individuals with Learning Disabilities and Epilepsy.

QSEC 25 (50) Women's Health

Ms Dana Scott presented an update on the plan to implement the Women's Health Hub (WHH) in line with the national plan by 31 March 2026. Ms Scott shared an overview of staff feedback and data from referrals and discharges to ascertain what is needed, including the need to upskill staff educationally within a number of areas.

Members noted that Health Education and Improvement Wales (HEIW) is developing a women's health specific training package. A clinical lead has been appointed and co-production arrangements are in place. The proposed model involves county-based primary care led hubs supported by a travelling practitioner with extended roles, delivering weekly clinics in local surgeries equipped for gynecological aassessments. These clinics will be led by General Practitioner (GP) with oversight from Secondary Care Consultant to provide clinical support, upskilling and training of primary care teams. Business cases are currently being developed in line with the final funding cycle, with a submission deadline of 29 August 2025.

Mrs. Lewis welcomed the progress being made and on behalf of the Committee looked forward to reviewing the impact of the WHH on quality, safety and patient experience for the Hywel Dda population.

Ms. Marks was fully supportive of the developments and queried how guidance will be disseminated to patients on whether to access GP or WHH, noting that this will increase complexity for the different pathways. Ms Scott provided assurance that the website and sign posting will be key to this and highlighted that women will be able to self-refer to the WHH. Mr. Carruthers added that the NHS App will be a useful tool to support patients in self-referring.

Ms Paterson welcomed the opportunity to work with Ms Scott to strengthen engagement with Primary Care and to ensure there are no gaps in the services when the changes are implemented.

Decision: The Committee received assurance from the progress to implement a Women's Health Hub in line with the NHS Wales Women's Health Plan by 31 March 2026.

QSEC 25 (51) Section 136 Suite- Mental Health and Learning Disabilities

Ms Kay Isaacs presented the key points on the proposals to centralise the Section 136 Place of Safety suite to Carmarthen, which will be presented to Board for approval in due course.

Ms Isaacs provided the background to Section 136 of the Mental Health Act (1983), which applies to individuals experiencing a mental health crisis who need to be transported to a safe place for assessment. She noted that the Health Board has historically, experienced ongoing challenges in resourcing this provision consistently across each county. A working group, including representatives from Health, Local Authority and Dyfed Powys Police has conducted an options appraisal and recommended the centralisation of the service to Carmarthen. A Quality Impact Assessment has been undertaken and approved by the Executive Team.

Ms Marks believed that Carmarthen would be the most appropriate place due to its central location across the Health Board. Mrs Lewis was pleased to note that the place of safety will be hospital based.

Decision: The Committee received assurance that due process has been followed in collaboration with key stakeholders for the centralised relocation of the S136 place of safety to Carmarthen, Carmarthenshire.

QSEC 25 (52) Policy for Approval: 1133 Service User Access Policy Psychological Therapies

A request for the extension to review the Service User Access Policy for six months was presented for approval.

Decision: The Committee approved an extension of the review of the current Access to Psychological Therapies (1133) policy by a further 6 months (to March 2026)

QSEC 25 (53) For Information

- JCC Quality, Safety and Outcomes Sub-Committee Highlight Report
- Patient Experience Report
- Work Plan 2025/26

- Date of Next Meeting : 9:30am 2pm 15 September 2025