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 05 December 2024**
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
Cllr Rhodri Evans, Independent member

In Attendance Andrew Carruthers, Chief Operating Officer
Gareth Cottrell, Deputy Chief Operating Officer
Jill Paterson, Director of Primary Care, Community and Long-Term Care
Dr Ardiana Gjini, Executive Director of Public Health
Cathie Steele, Interim Assistant Director of Quality and Assurance (deputising for Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience)
Dr Eiry Edmunds, Deputy Medical Director (deputising for Mr Mark Henwood, Interim Executive Medical Director)
James Severs, Executive Director of Allied Health Professions and Health Science
Louise O'Connor, Assistant Director of Legal and Patient Experience
Sam Dentten, Llais Cymru Representative
Dan Jones, Patient Experience Officer (Part)
Simon Chiffi, Head of Operations (Part)
Lance Reed, Clinical Director of Therapies (Part)
Luke Jones, Therapies and Health Sciences (Part)
Marilize Preez, Improvement and Transformation Lead (Part)
Neil Griffiths, Service Delivery Manager of Urology (Part)
Chris Sayer, Mental Capacity Act Senior Practitioner (Part)
Debora Harry, Senior Nurse Manager (Part)

Minutes Ref.	Item	Action
QSEC (24) 93	**Introductions and Apologies** The Chair, Ms Anna Lewis, welcomed members to the Quality, Safety & Experience Committee (QSEC) meeting. The following apologies for absence were noted: • Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience • Mark Henwood, Interim Medical Director	

- Subhamay Ghosh, Associate Medical Director for Quality and Safety
- Iwan Thomas, Independent Member

QSEC (24) 94 **Declarations of Interest**

No Declarations of Interest were noted.

QSEC (24) 95 **Minutes from the Previous Meeting and Table of Actions**

The minutes of the QSEC meeting held on 8 October 2024 were approved as an accurate record of proceedings.

In response to Ms Lewis's request for an update on the Upper Gastrointestinal (UGI) position, Mr Andrew Carruthers indicated that four locums had been taken on to fill the gaps in capacity, and the Health Board was currently advertising for an NHS locum. Mr Carruthers was hopeful that at least one NHS locum could be recruited from the 17 applications. He confirmed that the issue would be considered within the Clinical Services Plan (CSP).

QSEC (24) 96 **Patient Story**

Ms Louise O'Connor introduced a presentation relating to the contrasting experience of the married fathers of two young children in attending the Accident and Emergency Department (A&E) and Paediatric Ambulatory Care Unit (PACU). The parents had been directed to Glangwili Hospital (GGH) A&E by the GP. Due to the father and younger child having differing surnames, the parent was repeatedly asked to explain the absence of the child's birth mother. He explained on several occasions that he and his husband had adopted the child's older brother and were now responsible for the younger child, pending completion of the adoption process. The parent expressed concern that either this was not noted in the child's records or staff were not reading the notes.

He also expressed concern at the way the child was examined by the attending doctor, considering that the child had been waiting a number of hours, was tired, unwell and had become agitated.

The parent compared his experience with his partner's experience the following day when he had also attended A&E with the child's older sibbing who was unwell. He indicated that because the elder child had completed the adoption process and had the same surname as his father, no questions were asked regarding the birth mother.

Ms Lewis expressed the Committee's thanks to the family for sharing their story.

Ms O'Connor confirmed that the patient story had been shared with Ms Paula Evans, Lead Paediatric Nurse; the A&E team; and the Equality and Diversity team for inclusion in the training programme. The Committee agreed that an update should be presented at Listening and Learning Sub Committee (LLSC) for

consideration of broader learning to be shared across the organisation. This should be included in the LLSC's update to QSEC in April 2025. **LOC**

Ms Chantal Patel indicated that there was a recurring theme of poor communication within the Health Board and that Ms Amanda Glanville, who oversees training and education, should also be sighted on the matter. **LOC**

Mrs Delyth Raynsford expressed concern regarding the understanding and equality of anyone going through the adoption process and suggested that Ms Janet Edmonds, Looked After Children (LAC) nurse should be involved in system wide training for Hywel Dda University Health Board (HDdUHB) staff, prioritising A&E receptionists. **LOC**

Dr Ardiana Gjini and Mr James Severs expressed concern at the unconscious bias explaining their rationale for this. In response, Dr Eiry Edmunds believed that there may be mitigating factors with the intention behind the communication regarding family history from a safeguarding perspective; however, it was not well executed.

Members recognised the complexity of the challenges outlined within the patient story and that QSEC was not in a position to resolve operational issues. However, received assurance by the actions already agreed recognising this would be discussed at LLFE Sub Committee.

Decision: QSEC NOTED the patient story.

QSEC (24) 97 **Corporate Risk Report**

The Committee noted that no new risks had been added to the Corporate Risk Register since the previous report.

Risk 1812 *Risk of non-compliance with Medical Examiners (Wales) Regulations due to the failure to fully resource internal processes.* Following a decrease in score since the previous meeting, Mrs Joanne Wilson advised that once confirmation is received in terms of status of medical records scanning, the risk, subject to approval from Formal Executive Team, this may be de-escalated to directorate level.

The following risks were discussed

Risk 797: *Risk to the ability to deliver ultrasound services due to workforce pressures:* Mrs Raynsford commented that due to limited progress on this risk, whether regional support is being considered. In response, Mr Carruthers indicated that there was a reliance on external providers and agreed to establish Swansea Bay University Health Board's (SBUHB) position. He also indicated that the diagnostic conversation in the region had not been to this level of detail. It had primarily focused on what the community diagnostic model might look like. However, based on **AC**

recent conversations particularly in the context of certain pathways, there is likely scope to consider an alternative model.

In response to Ms Lewis' enquiry regarding the consequences for patients who do not receive their ultrasound scans in a timely manner, Mr Carruthers indicated that alongside delayed diagnoses, is the critical and high-risk area of obstetric ultrasound, which poses a significant risk to both the Health Board and to individuals if not performed within the set timings. This area was monitored most closely, whilst the remainder of capacity challenges were managed as part of the broader radiology demand, capacity, and waiting times. When a patient was on an urgent cancer pathway, they were prioritised, and HDdUHB escalated and managed the diagnostic capacity accordingly.

Ms Lewis enquired if there were mitigations in place and how often a delay in obstetric ultrasound appeared in incident reviews or data.

Ms Cathie Steele indicated that sonography incidents had been observed in maternity but were not due to delays in obstetric ultrasounds. Instead, issues related to the interpretation of the scan had been reported. In terms of delays, no issues had been recorded, however, the Health Board does not meet the standards for scanning at certain points in the maternity journey.

Mr Severs indicated that work was underway to manage the risk differently and that HDdUHB was not making progress regarding the quality of patient experience. He drew attention to the functioning of the Ultrasound Control Group (UCG) advising that if not addressed, there was a risk that community requirements would not be met. Mr Severs indicated that, following several cancelled UCGs, the meeting scheduled for the week commencing 9 December 2024 would provide an update, which would facilitate a more detailed report through the radiology report at the next Committee meeting. He also indicated that a more focused review of the radiology risk was necessary.

Ms Lewis expressed concern that the issue appeared to have been stagnant for some time, and that QSEC was not fully aware of the consequences. In view of the uncertainty QSEC could not be assured of the situation. She indicated that this matter required urgent attention and a thorough triangulation with incident data to ensure that any delays experienced by individuals, did not have consequential impacts on their maternity care or any non-obstetric work.

Ms Patel concurred with the Chair's comments regarding the consequences of the issues related to the inability to deliver the ultrasound service. She indicated that this situation necessitated a decision on whether agency cover was required to address it; and requested clarity regarding an apparent ban on agency staff and whether it had impacted the quality of patient care. Ms Lewis also

enquired how, if the consequences of the shortfall in quality were now understood. In response, Ms Steele indicated that there were two distinct services to consider: sonography pertaining to maternity, and ultrasound sonography pertaining to radiography. Quality Impact Assessments (QIAs), which could be shared with QSEC, indicated the need for locum or agency cover; and the impact of not having agency or locum cover has been considered from a quality perspective.

QSEC agreed to advise the Board that the risk is being closely monitored; and that enquiries will be made regarding regional working recognising this needs to be brought back to a future Committee. **AC**

Cllr Rhodri Evans shared his concerns regarding numerous extreme risks and that while actions had been taken, there were no specific dates associated with some risks. He indicated that **Risk 1959**: *Risk of poor patient outcomes and experience due to inability to effectively recognise and manage acute deterioration* identified in 2019, remains unresolved. As of July 2024, compliance rates for Level 2 and Level 3 Resuscitation training are referenced. Although there may not be set compliance targets, it was essential to identify the most appropriate training level. He emphasised the importance of these matters as they pertain to quality, safety, and experience.

Cllr Evans requested a clear timeline for addressing these issues.

Ms Lewis indicated that the meeting will systematically review each risk, applying the Triple-A (Alert, Advise, Assure) approach to each risk within this report, rather than addressing the report in its entirety.

Mrs Lewis commented that a number of risks have continued for several years and although the Health Board considers them beyond tolerance, they are being tolerated.

Ms Lewis suggested that the Board should be encouraged to engage in a more serious discussion about this matter. Committees have become accustomed to reviewing reports in this manner. Mrs Wilson welcomed the observation and provided assurance that the Executive Team are in the process of reviewing risk tolerance as part of the planning process for next year.

Risk 1027: *Risk to delivery of timely urgent and emergency care due to demand exceeding current capacity:* An improving trend regarding lengths of stay in Urgent and Emergency Care was noted. Mr Carruthers advised that Mr Peter Skitt was monitoring longer stay patients over 100 days and would intervene as appropriate.

Mrs Lewis suggested that a review of 21 day stays and under should also be undertaken. In response, Mr Carruthers recognised that patients admitted for 72 hours and over in the main remain in hospital for up to 21 days. Therefore, confirmed that a key focus of improvements is on admission avoidance and consequently reducing longer lengths of stay.

The Committee was assured on this occasion; further improvements are required particularly at Glangwili General Hospital.

Risk1032: *Risk of timely diagnosis and treatment of MH&LD clients due to demand and capacity:* Ms Lewis enquired whether QSEC should focus solely on meeting the Welsh Government (WG) target if it was deemed unattainable: or on broader concerns. She also enquired whether *a* business case should be made to address this issue. Mr Carruthers indicated that the issue was currently addressed at Integrated Quality, Financial Performance and Delivery (IQFPD) Group and escalation meetings with a focus on understanding and addressing the capacity issue. He also indicated that the current measures used may not be the most helpful in terms of having a meaningful impact on outcomes. Whilst the Directorate had been asked to develop a plan to achieve the required level of capacity, it is recognised that discussions will be required with stakeholders and partners on their role on the pathway.

Mr Carruthers also indicated that the risk had arisen during the COVID-19 pandemic and that the current risk context may need to be re-evaluated to ensure the current situation was accurately reflected.

The Committee noted that the Service had been asked to outline measures that have the greatest impact in terms of patient outcomes, and the recent workshops had addressed this. This will result in a full review of the risk to clarify the mitigation measures required to manage the risk from a patient outcomes perspective.

The Committee agreed to advise the Board that whilst it was assured on this occasion due to the work being undertaken by the service, this risk may be escalated at the next meeting.

Risk 1664: *Risk to Ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to recruit:* The Committee reviewed the current patient waiting times and the associated risks, noting that there was a significant number of people on the waiting list, and references to irreversible vision loss as a consequence of these delays. However, beyond this general statement, there was a lack of specific data on how many individuals had been affected by vision loss due to delayed access to care. Ms Lewis requested precise data to outline the full impact of the delays on patient outcomes. Mr Carruthers advised that while there had been instances of vision loss among patients on the waiting list, the number of such cases was not as high as **AC**

might be expected given the number of delayed patients. This was noted as an important consideration in assessing the overall risk. QSEC discussed the broader impact of delays on patients' eyesight, emphasising the importance of addressing this issue to prevent further deterioration of vision among those waiting for care. Ms Steele indicated that confusion over appointments had been partly responsible for some reported cases; and that when identified, patients go through a redress process to address any acts or omissions that led to harm.

For clarity, Mr Carruthers advised that the risk was originally assessed from the perspective of Welsh Government targets, the primary concern was the unreported waiting list, which is not nationally reported and does not fall under performance metrics for Intravitreal Injection Therapy (IVT) services. This was recently highlighted in Executive Team discussions because the unreported waiting list for degenerated IVT services carries significant service risk due to the substantial capacity challenge.

Mr Carruthers indicated that he had requested the team to develop a clear plan to prioritise a demand and capacity solution for IVT services due to concerns regarding this pathway. This may make routine waiting positions more challenging, however alternative routes would be explored to address the capacity demand challenge, including regional working. Ms Paterson indicated that a fixed transition plan for the move from Secondary to Primary Care, with clear timelines, subject to operational structures would be developed for consideration. Similar to prioritising urgent surgical pathways for cancer, it was essential to focus on addressing the IVT service issue.

Ms Lewis raised the recurring theme of lack of quality data, despite having an abundance of performance data. She noted that it is challenging to definitively determine the outcomes for patients based on the available data.

Mr Carruthers proposed presenting a deep dive on this risk to QSEC on 10 April 2025, when clinical risk data should be available. **AC**

Ms Lewis commented that there is a common theme on a number of risks that suggests that quality is improving, however due to the absence of data metrics it is difficult to corroborate this.

Risk 1859: *Risk of poor patient outcomes and experience due to inability to effectively recognise and manage acute deterioration.* Members noted the lack of compliance for resuscitation training was previously escalated to PODCC.

Mrs Mandy Davies confirmed that significant work is taking place in terms of the most appropriate training level and method to deliver training to meet mandatory requirements. **MD**

Mrs Lewis proposed that an update be presented to QSEC on 10 April 2025, which will include a quality dashboard.

Risk 1531: *Risk of being unable to safely support the Consultant on-call rota at Withybush Hospital (WGH) and Glangwili Hospital (GGH) due to workforce pressures:* Mr Carruthers advised that applicants had been shortlisted for interviews scheduled on 12 December 2024. Referencing the general surgery on-call rota and the associated challenges, Mr Carruthers noted that the facility had been narrowing in recent years, and an urgent temporary change had been implemented last year. GGH has become a higher risk due to expected timings and the age profile of the workforce. It is common for General Surgeons to transition from the on-call rota to focus on elective work as they progress in their careers. This transition was expected to become an increasing challenge in the coming years and should be reflected in the Clinical Services Plan (CSP). Should the rota not be covered, Mr Carruthers indicated that to manage site capacity and emergency pressures, patients may be diverted out of hours if necessary. This was categorised by specialty or specific pathway rather than a total diversion; and that during the winter period, it was not uncommon to for patients to be diverted between GGH and other sites, depending on capacity. He indicated that similar practices were applied to general surgery and medicine, with patient diversions occurring as needed. While the default practice was to avoid diversions due to the challenges they pose, it was sometimes necessary to manage emergency flow. He also acknowledged the importance of collaboration with the Wales Ambulance Service Trust (WAST) in managing these diversions.

The Committee agreed that the Board could receive assurance from candidate interviews scheduled for 12 December 2024; and the contingency plan currently in place.

Risk 1708: *Risk of increasing fragility in primary care contractor services due to recruitment challenges:* Referencing Cllr Evans earlier remarks regarding issues on the risk register that were tolerated or accepted, Ms Paterson indicated that many of these issues are not due to a lack of understanding or management but are often unexpected, particularly in relation to dental contracts, which may be due to recruitment challenges or providers' dissatisfaction with the metrics set under the new contract, leading them to revert to private practice rather than NHS provision. There were management processes in place for both General Medical Service (GMS) dental and other contractors to address these issues. She advised that occasionally, contracts were handed back unexpectedly across various services. This could be due to relationship breakdowns within practices. Ms Paterson advised that there were systems in place to manage service fragility and explore different ways of working. Strategic thinking was required to provide services differently and address these challenges.

The Committee noted that changes in services occur when contracts are returned by independent contractors, and the

impact on patients in the short term. It was important to manage these changes to ensure continuity of care.

Mrs Lewis recognised that the risk relates to independent contractors and therefore the Health Board is limited on mitigating the risk, however it is prudent for QSEC to scrutinise on a regular basis.

Risk 684: *Risk to the timely investment and replacement of Radiology equipment and supporting infrastructure:* In response to Ms Lewis's enquiry regarding capital investment, and the lack of sufficient capital affecting the ability to provide quality and safe environments for staff and patients, Mr Carruthers confirmed that is included as part of the capital programme discussions. Further commenting that insufficient capital to manage high risks effectively is a challenge across all Health Boards in Wales. He also indicated that there may be opportunities for regional solutions to address capital challenges in the form of regional diagnostic hubs, which WG may be more supportive of funding, compared to individual equipment replacements.

Mrs Raynsford indicated that, as Chair of the Charitable Funds Committee, there had been a significant increase in requests for replacement equipment. This trend was also common across other Health Boards, but the solution was not within the control of the organisations.

QSEC agreed to advise the Board that due to insufficient capital funding, management of this risk is outside the Health Board's control.

Risk 1810: *Risk to delivering effective and timely cancer service due to Aseptic Unit facilities being non-compliant with Quality Assurance of Aseptic Preparation Services (QAAPS):* Ms Paterson advised that the Aseptic Unit Business Justification Case was delayed due to a lack of response from contractors to the initial tender. Following support from WG, a more specialist procurement process is being undertaken, with assurance received that continual monitoring of the unit is taking place.

In order for QSEC and Board to fulfil their responsibilities, Mrs Lewis requested that Mr Severs, in collaboration with clinical colleagues, agreed to develop metrics for articulating the quality, safety, and experience impacts of different risks. **JS**

The Committee noted that while operational details were important, its primary concern was to understand the impact of risks and issues on patients and communities to facilitate informed recommendations to the Board.

Decision: The Committee REVIEWED each risk in the Corporate Risk Report and where assurances were inadequate will advise Board of the intent to continue to monitor the risks discussed.

QSEC (24) 98 **Allergy Testing Service - deferred**

QSEC (24) 99 **Fragile Service Update Report**

Ms Mandy Davies joined the meeting.

Ms Mandy Davies presented the Fragile Services – Framework for Identification, Monitoring and Sustainability Support update report, highlighting the following:

- A Fragile Services Oversight Group (FSOG) Terms of Reference (ToR) had been created
- The FSOG will report to the Quality & Safety Intelligence Group (QSIG) and onwards to the Integrated Quality, Finance and Performance Delivery (IQFPD) Group
- A register was being developed on SharePoint to log all identified fragile services through various mechanisms, whereas previously only the risk register was used
- The ToR and Framework now include the various mechanisms for identifying fragile services
- For most fragile services, a quality impact assessment of workforce considerations is conducted as part of the equality impact assessment

In response to Ms Anne Murphy's enquiry regarding the inclusion of workforce within the ToR, Ms Davies agreed to ensure they were included. **MD**

In response to Ms Patel's enquiry regarding the need for clear criteria to determine what is required to prevent a service from becoming fragile, and whether services could be rectified without additional financial support, Dr Eiry Edmunds indicated that it was necessary to consider how services were delivered rather than relying on additional funding. The emphasis should be on aiming for high-quality services and understanding what they look like; and making changes to avoid fragility in services, and whilst additional funding may be required, it is also about being more efficient with the funding provided.

Ms Lewis enquired whether an early warning signs approach is being used to identify fragile services. Ms Davies highlighted the importance of identifying services through the DITS and escalation processes and indicated that the next meeting on 24 December 2024 would focus on identifying and supporting fragile services.

The Committee welcomed the development and implementation of the framework and governance for providing an effective process to recognise and respond to clinical services that are at risk of becoming Fragile Services.

Ms Mandy Davies left the meeting.

Decision: The Committee:

- DISCUSSED the work that has progressed in relation to fragile services.
- CONSIDERED whether the revised methodology represented an effective process to recognise and respond to services deemed at risk of being or becoming fragile.
- CONSIDERED whether the process had the ability to influence organisational culture and learning systems and improve risk mitigation.

QSEC (24) 100 **Quality Assurance Report**

Mr Simon Chiffi joined the meeting.

Ms Steele presented the Quality Assurance Report with an apology that the Healthcare Inspectorate Wales (HIW) Overdue Action Appendix was not included within the papers and would therefore be shared on the screen. She indicated that the Quality Management System, which was approved over a year ago by the Board, was not static; changes and adaptations had been made since its approval. She highlighted the following:

- Incident reporting showed a dip during April 2023, which was being investigated as a dashboard issue.
- Further work was ongoing to shift the focus from individual medication errors to a system-wide approach.
- Quality Impact Assessments (QIAs) were included in the ongoing work.

In terms of the Bryngolau Ward, Prince Philip Hospital HIW Report:

- The Action Plan has now been published and on the HIW website and is available on Audit Management and Tracking (AMaT).
- Positive progress has been made, with only 19 actions outstanding from the original 30.
- A number of actions are related to Mental Health & Learning Disabilities (MH&LD) and Ophthalmology, which are being managed via the risk register.
- Four estates actions are complete or in progress with a work plan in place for the replacement of curtains and installation of appropriate anti-ligature blinds. Mr Simon Chiffi confirmed that the Bryngolau specific action would be fully completed in the week commencing 9 December 2024.

Ms Steele provided an update on other outstanding HIW recommendations as follows:

- The oldest radiology action relating to document control is being investigated, with enquires being made into the document control system used by pathology.
- There are 19 actions for MH&LD which was overrepresented compared to the rest of the organisation. Meetings were ongoing and revised dates had been agreed for completion.

In response a query from Mrs Lewis relating to the number of outstanding actions for MH&LD, Ms Steele indicated that the recent Cwm Taf Morgannwg UHB discharge report included several recommendations similar to those in the Bryngolau HIW report, which all of NHS Wales was tasked with evaluating within their respective areas. Ms Lewis and Mrs Raynsford raised concerns about the high number of open actions, with Mrs Raynsford requesting urgent mitigations.

In terms of the review of the bedroom environments, Ms Steele confirmed that the curtains were promptly removed in July 2022 and replaced with mirrored one-way glass. Mr Carruthers indicated that the delay on closing this action could be due to a number of issues such as capacity.

Ms Lewis agreed to meet with Ms Sharon Daniel and other colleagues to explore an appropriate course of action for QSEC to scrutinise the series of concerns currently emerging regarding any delays in completing outstanding actions, in particular those assigned to the MH&LD service. **SD**

Ms Lewis also agreed to meet with Ms Daniel and Mr Severs to consider the relationship between QSEC and Quality, Safety and Experience Sub Committee (QSESC), to ensure that the Committee receives assurance; and that QSESC can effectively manage quality within operations to provide that assurance. **SD**

Ms Murphy commended the reduction in infection, prevention and control levels indicating that although progress was slow, it was welcome.

QSEC agreed to assure the Board regarding the reduction of outstanding HIW recommendations, that the process and escalation was working and would continue to be monitored by the Committee.

In response to Ms Lewis' enquiry regarding the three service changes agreed at Board in September 2024, Mrs Wilson apologised this action was not taken forward and agreed to liaise with Ms Daniel to provide a Chair's Briefing prior to the Christmas break regarding the following:

- Temporary night closure of the Minor Injuries Unit at Prince Philip Hospital (PPH)
- Bronglais paediatrics
- Tregaron

Regarding the nurse staffing levels referenced within the paper on page 121 at the second bullet point, Ms Lewis queried a text error which Ms Steele clarified. Ms Lewis then referenced updates received by the Board which indicate an almost full establishment of the qualified nursing workforce, which does not appear to triangulate with the nurse staffing levels indicated in the report.

Ms Steele indicated that specific areas such as GGH are close to being fully staffed with the arrival of the last tranche of international nurses, however despite the positive staffing establishment, 44% of night shifts are still running short. She also indicated that data from October and November 2024 was required for a comprehensive analysis, as current data only covered the period to the end of September 2024. Further consultation with nursing staff and colleagues was necessary to verify the data.

Ms Steele confirmed that clinical incident data was compared with staffing shortfalls on those shifts. She agreed to triangulate the different sources of information to provide clarity in future reports. **CS**

Regarding the Welsh Health Circular relating to children's incontinence products, Ms Lewis sought clarification on whether the issue was due to lack of funding or if the products were not provided because they were not funded; and the consequences for children and their families if these products were not provided.

Mr Severs indicated that the Community Paediatric Nurse had caried out a scoping exercise to clarify the issue and to understand the current guidance, including the impact of not providing incontinence products. The report will be presented to QSESC in January 2025. There is currently no budget or establishment for paediatric incontinence with it noted this is part of a wider service review of Hywel Dda Children's disability services. Furthermore, it was noted there is currently no children's disability provision in Pembrokeshire.

Ms Raynsford expressed her concern that the issue had been delayed by two to three years and noted the inequity for children and young people in comparison to adult services.

Due to the concerns raised, Mr Severs agreed to provide an update on the present situation outside the meeting. **JS**

The Committee agreed that the Board could be assured that the situation was being monitored by the Committee to ensure appropriate actions were taken.

Decision: The Committee RECEIVED ASSURANCE that processes were in place to review, monitor and improve the quality of the service through:

- The Quality Management System
- Patient safety incidents including nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention and control
- Nurse Staffing Levels (Wales) Act 2016
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)
- Quality Impact Assessments
- Welsh Health Circulars

QSEC (24) 101 **Listening and Learning (From Events) Framework**

Ms Steele presented the Listening and Learning (From Events) Framework indicating that this was a starting point and highlighting the following:

- That there is ongoing consultation with taking place at various groups to gather feedback.
- Recognition of the long-standing discussions on learning from events over the past 20 years.
- An emphasis on listening as a key method of learning.
- The need to include tips and skills for effective listening in the framework.
- The importance of listening to staff, incidents, and speaker processes to gather data.
- Discussions on how to analyse and interpret data to identify learning opportunities.
- Identification of specific areas of events that provide valuable learning insights.
- Acknowledgment of the existing investigation process
- An emphasis on the importance of learning and taking action based on investigations.
- The need for actions to be implemented across the Health Board.
- A framework to ensure a nurturing environment where everyone can learn, flourish, and provide psychologically safe care.
- The empowerment of individuals to speak up and contribute to the learning process.
- An emphasis on encouraging staff to think about how they are using routes of learning and exploring additional opportunities.
- The importance of seeking learning opportunities and reflecting on individual experiences rather than just listening to patient stories in meetings.

Ms Steele indicated that the final document would outline responsibilities for learning, highlighting that learning is not only about being provided with information, but actively seeking and reflecting on learning opportunities. A learning library and portal would be created to share collected learning points which services would be able to contribute to using Viva Engage, making it word searchable.

In response to Ms Patel's query regarding the process of sharing learning with other directorates, and whether there was a mechanism to ensure shared information is being reviewed and reflected upon to implement changes, Ms Steele indicated that directorate and service management teams needed to be proactive in considering shared learning which would be facilitated by action plans and ensuring that discussions in the Listening and Learning Sub-Committee were reported to their respective areas. Ms Steele also emphasised the need to gather evidence and ensure it was incorporated into the quality improvement space. Action planning and learning actions would then evolve into thematic organisational identity approaches.

Ms O'Connor emphasised the importance of improving sharing and ownership from a thematic multidisciplinary team (MDT) perspective to develop broader learning.

Mr Severs commended the Framework and welcomed the MDT perspective. He highlighted the need for evidence of the implementation of learning to ensure that the Committee can be assured that the Health Board was effectively applying the learning.

In response to Ms Lewis' enquiry about gaps in data, Ms Steele advised that qualitative and outcome data was missing. Ms Lewis also queried how the learning could be made less transactional and Ms Steele indicated that sharing personal stories in the Whole Hospital Audit, may make the audit more meaningful for attendees as personal stories provide a relatable and impactful way to convey learning and improvements.

Ms Murphy sought confirmation on the use of internet, SharePoint, and Viva Engage for information sharing as when she had accessed Viva Engage, only 486 from 13,000 staff had viewed it. She emphasised the need for alternative methods to ensure all staff, including housekeeping and facility staff, can access important information; and the importance of not making information sharing too internet-heavy.

Ms Raynsford raised a concern regarding staff in community settings or lone workers. Ms Steele indicated that notice boards throughout HDdUHB could be regularly updated and full engagement from all directorates would be required.

Ms Lewis indicated that engagement with each of the service director leads was crucial, as the availability of time for learning needed to be integrated into the directorate's ethos and culture of learning and working. Additionally, for the Board and corporately, utilisation of this information is vital in informing priorities and improvements. Ms Lewis suggested including a responsibility for the Board under the responsibility section, particularly in setting the cultural tone within the organisation. **CS**

Decision: The Committee RECEIVED ASSURANCE from the update on the development of the Health Board's Listening and Learning (from events) Framework.

QSEC (24) 102 **Listening and Learning Sub Committee Update Report and Terms of Reference for Approval**

Ms O'Connor presented the Listening and Learning Sub Committee Update Report and Terms of Reference (ToR) for approval, indicating that as discussions on the learning framework evolved and the debate around Committee links continued, the ToR will be updated further in 2025. She indicated that the previously approved extension to Policy 568: Production and Use of Surveys Guideline until 15 November 2024 was in anticipation

of the revised People's Experience Framework for Wales and a new national Experience Survey being issued. It was anticipated that the new framework would be issued as a Welsh Health Circular in December, when the Health Board would need to consider the new requirements and undertake an assessment of current process. A revised governance process would need to be agreed and implemented for survey management. In order to complete this task and undertake sufficient consultation with stakeholders, it was requested that a further 6-month extension be granted until 5 June 2025.

Decision: The Committee

- RECEIVED ASSURANCE from the Listening and Learning Sub Committee Update Report.
- APPROVED the updated terms of reference (Appendix 1).
- APPROVED the extension of 6 month's for '568 Production and Use of Survey Guideline', (Appendix 2) pending receipt of the Welsh Health Circular and revised People's Experience Framework.

QSEC (24) 103 **Quality, Safety and Experience Sub Committee Update Report**

Mr Severs highlighted the need to establish a connection between QSESC and LLSC and confirmed that as previously discussed, work was in progress to address connection and reporting differences, with an expected completion in December 2024.

Referencing the difference in reports on falls, for clarity, Ms O'Connor advised that the assurance received at LLSC related to the process in place to reduce incidents, not on performance.

Decision: The Committee:

• NOTED the items that the Committee was advising them of
• RECEIVED ASSURANCE on the items that the Committee was providing assurance on.

QSEC (24) 103 **National Nosocomial COVID-19 Programme Learning Action Plan**

Ms Steele presented the Learning from the National Nosocomial COVID Review Programme report indicating that the recommendations outlined in the national report had been aligned with the actions already in process., as well as with ongoing reviews and current projects.

In response to Ms Lewis' enquiry regarding the significant compliance risks, Ms Steele advised that HDdUHB's ageing estate posed the greatest risks referencing a recommendation regarding isolation of patients with the correct air flow; and the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) directives, which had attracted significant attention, particularly with the release of the recent HIW report. The Health Board is currently undertaking a quality improvement initiative aimed at enhancing communication and engagement with families regarding DNACPR considerations.

Ms Lewis indicated that at a recent All Wales Quality and Safety meeting Ms Sue Tranka, Chief Nursing Officer (CNO), had emphasised the importance of clearly articulating the quality and safety consequences associated with ageing estate, which was identified as a recurring theme in discussions, described as a "golden thread." There was a suggestion to compile an overview of areas where the organisation is falling short, with ageing estate being a significant contributory factor. This overview would include examples such as wider infection control issues, privacy, and dignity concerns.

Mr Severs confirmed that the issue was monitored by the Health and Safety Sub-Committee and liaison between Clinical Executives and the Chief Operating Officer (COO).

Whilst QSEC received assurance that the issue is being monitored by HSSC, agreed to advise the Board regarding the impact of the Health Board's aging estate on completing recommendations related to the National Nosocomial COVID-19 Programme Learning Action Plan.

Ms Anna Bird joined the meeting.

Decision: The Committee RECEIVED ASSURANCE that the recommendations made within the End of Programme Learning Report for the National Nosocomial COVID-19 Programme were CONSIDERED and are being taken forward within the Health Board.

QSEC (24) 105 **Cleanliness Standards Audit report and Action Plan**

Mr Chiffi presented the Cleanliness Standards Audit report and Action Plan: Progress Update report indicating that the report provided an update on the progress with the recommendations made within the final internal limited audit report on the Standards of Cleanliness published on 26 April 2024.

Mr Chiffi indicated that there were 10 clear matters arising from the main internal report, which were discussed in the weekly Standard of Cleanliness Internal Action Meeting. He reported positive progress with six out of the ten clear actions completed. Two further actions were scheduled for completion, with the remaining actions falling within the training domain, including refresher training and rolling out of the pilot study conducted in GGH across the wider Health Board. Capacity challenges were well documented, however there was a significant focus on addressing these.

Mr Chiffi advised efforts were being made to address the challenging financial position in order to secure the necessary funding to increase capacity. This should enable the Symbiotics auditing process to meet the full recommendations within the internal audit. The action plan, which has been scheduled for completion by October 2025, is being rolled out as planned.

Mr Chiffi confirmed that that the Environmental Cleaning Policy would be considered at the Policy Group on 5 December 2024.

Ms O'Connor enquired whether the patient experience feedback received through Civica in relation to cleanliness was considered in directing planning priorities. In response, Mr Chiffi indicated that he did not have access to the Civica data and would welcome it, as most feedback was provided through monthly team site walkthroughs, which are actioned as part of the auditing process, and participation in partnership forums when possible. Ms O'Connor agreed to share the Civica feedback with Mr Chiffi on a regular basis. Ms O'Connor also agreed to share Civica feedback with the Environmental Hygiene Group. **LOC**

In response to Ms Lewis' enquiry regarding whether the measures implemented were sufficient to prevent these issues from recurring in the future, Mr Chiffi indicated that his focus was on preparing for the internal audit well ahead of their re-inspection in April 2025. He was in regular contact with the internal audit team to review and discuss the evidence on hand, ensuring that all concerns were addressed from a governance perspective.
In terms of cleanliness on the ground, Mr Chiffi indicated that the team was working through a resource package and raised concerns that WG had indicated an update to the Welsh Cleaning Standards expected early in the New Year. This would impact frequency of audits and, consequently, cleanliness across the Health Board.

Ms Lewis acknowledged the potential risk and noted that processes were now in place to identify and manage this risk more effectively than six months ago. She thanked Mr Chiffi and his colleagues for their efforts in addressing the issues, noting the significant progress made from a challenging situation a few months ago.

QSEC agreed that the Board could receive assurance from this report.

Mr Simon Chiffi left the meeting.

Decision: The Committee:
• ACKNOWLEDGED the background to this report and its findings as published in April 2024.
• RECEIVED ASSURANCE that significant collaboration and work had since taken place to address a very large percentage of these recommendations with some final work remaining.
• NOTED that facilities will re-engage with Internal Audit to discuss positive progress in advance of audit return April 2025.

QSEC (24) 106 **Veteran Health**

Ms Anna Bird presented the Health of Veterans and the Armed Forces Community report, advising that a comprehensive paper was presented to People, Organisational Development & Culture Committee (PODCC) earlier in the year to provide assurance on

the work being done to meet the requirements of the Armed Forces Covenant Duty. The report focused on three key areas:

- Understanding the needs of veterans.
- Raising awareness and encouraging self-identification of veteran status.
- Increasing the number of veterans registering with GP practices:
  - according to the 2021 census, approximately 15,000 individuals within HDdUHB identified as having previously served in the armed forces.
  - Increasing awareness and encourage self-identification had resulted in an increase in the number of veterans registering with their GP practices.

Ms Bird indicated that efforts had been made to understand the health needs of the veteran population. A health needs assessment document was developed by the Public Health Team several years ago, and there were plans to refresh it in due course. She also indicated that it was recognised that there were various physical and mental health issues arising from an individual's time in service; and that understanding patient experience had been a key focus.

In response to Ms Murphy's enquiry regarding how the report could be accessed by ex-armed forces staff, Ms Bird indicated that the report was available in the public papers and could be accessed on the HDdUHB website. It could also be made available on SharePoint, printed, and posted on notice boards. Ms Bird agreed to liaise with the Communications Team to ensure the report was accessible to all staff.

The existence of an armed forces staff network was highlighted, which staff were encouraged to join. Information was shared with members of the networks and steering groups, who are involved in co-creating the reports.

In response to a query regarding the emphasis placed on the veteran cohort due to their typically poorer outcomes after military life compared to the general population, Ms Bird indicated that the project had focused on the data available to show the impact of the work being done to improve these outcomes to provide a baseline from which further work could continue.

Ms Bird acknowledged that further improvements were needed to measure the impact of the work being undertaken. She indicated that positive comments had been received from the Veterans Commissioner for Wales regarding the ongoing work, although these were informal and not focused on patient experience or outcome measurements. She also noted that there was still progress to be made in measuring outcomes effectively. The ability to segment data by veteran status was currently limited, although work was being undertaken to improve this. One of the challenges faced is that existing data systems, such as the Welsh Patient Administration System (WPAS), do not adequately support

the recording of veteran status or entitlement to priority treatment. Identifying veterans requires the use of key notes and text, which complicates data collection and analysis.

The Committee noted that efforts were ongoing to work with digital colleagues to address these challenges and improve data recording and analysis.

The Committee also recognised the need to improve the collection and reporting of outcomes for the veteran population; and that efforts would be made to enhance data systems and undertake Health Equity Audits to better understand and address the needs of veterans.

Mrs Raynsford indicated that the work of Veterans NHS Wales focussed on the impact of service delivery in the mental health arena. The "walk and talk" initiative was noted for its role in preventing further involvement with more acute mental health services.

Ms Lewis suggested that a link to the Veteran Health report be included within the QSEC 3As Board Update Report.

Miss Anna Bird left the meeting.

Decision: The Committee:

- NOTED the update report
- RECEIVED ASSURANCE that the work being undertaken demonstrates that the Health Board is proactively implementing the Armed Forces Covenant.

QSEC (24) 107 **Rheumatology Deep Dive**

Mr Neil Griffiths joined the meeting.

Mr Neil Griffiths presented the Rheumatology Service HDdUHB update report, indicating that the report provided an update on the Rheumatology service development and the challenges since 2020, during its transition phase. The highlights were provided by Mr Griffiths including:

- Key challenges, for example meeting referral to treatment (RTT) targets and adhering to National Institute for Clinical Excellence (NICE) and British Society for Rheumatology (BSR) guidelines in treating early inflammatory arthritis (EIA) and giant cell arteritis (GCA).
- The Clinical Nurse Specialist (CNS) and Consultant teams stepped up to cover the prescribing role previously undertaken by the pharmacist.
- In terms of achievements in the last six months, recruitment for an additional consultant to backfill.
- There is a need for a substantive second pharmacist.
- The Rheumatology Day Unit at Prince Philip Hospital (PPH) was managed by the CNS and nursing staff, with an increase

in gastroenterology patients (around 40% of all patients). This impacted the budget, with reliance on bank staff to backfill vacancies.
- The next steps include settling the team, filling positions, and focusing on efficiency gains to regain capacity.
- Plans to bring RTT targets in line and achieve increased patient safety by meeting NICE and BSR guidelines for GCA and EIA patients within their short time scales of three days and three weeks.

In response to Ms O'Connor's enquiry regarding the patient experience perspective and the significant amount of contact from patients, Mr Griffiths indicated that the team had worked closely with the Patient Advice and Liaison Service (PALS) team to address patient feedback. The longer-term challenge was meeting the demands and themes outlined in the report, particularly the delay in the first appointment. The focus on EIA and GCA patients had extended the time taken to see routine and urgent patients. He also indicated that standard responses were being developed in collaboration with the PALS team. Although the volume of complaints was not high, there were recurring themes related to delays in treatment.

Mr Griffiths confirmed that a locum consultant had been funded through recovery funding, and progress was being made. The aim was to reduce the first outpatient appointment wait time to below 52 weeks by March 2025. The patient experience team are aware of the work being undertaken to address the delays.

Ms Raynsford enquired how patients were managed in the community whilst they were awaiting their referrals. Mr Griffiths indicated that collaboration with Llais colleagues had been ongoing to address patient concerns. A specific group of patients with lupus, who were well represented, were being communicated with to ensure they understood the delays in treatment. Mr Griffiths acknowledged that there had not been direct contact with primary care colleagues regarding these delays, although agreed that the team would endeavour to contact them.

Ms Lewis noted that even in a fully established service, the workforce was small and therefore vulnerable to the absence of a single person, as evidenced in the challenges experienced by the service. She enquired whether regional collaboration would be beneficial for this specialty, given the workforce challenges.

Mr Carruthers acknowledged the potential benefits of regional collaboration with SBUHB and agreed to explore further conversations to address workforce gaps and reduce waiting times. Public concerns around travel times and distances would be considered in these discussions. **AC**

The Committee agreed that the Board could be assured by the update report.

Decision: The Committee:
• NOTED the challenges facing the Rheumatology service since 2020
• RECEIVED ASSURANCE from the work being undertaken by all members of the team to meet those challenges
• NOTED the next steps proposed in reducing the fragility and increasing the efficiency of the service.

QSEC (24) 108 **Planned Care Recovery**

Ms Marileze Preez and Ms Debora Harry joined the meeting.

Ms Marileze Preez presented the Planned Care Recovery update, highlighting that a new approach had been introduced where Patient Reported Outcome Measures (PROMs) were conducted with patients as soon as they were listed for treatment. This facilitated identification of their baseline condition and stratification of the support they needed based on that assessment. Based on the assessment, patients would either go straight to optimisation and prehabilitation (prehab) or be managed through the non-clinical call handler for Making Every Contact Count (MECC) conversation. A system was also in place to repeat the PROM again in six months to identify any deterioration or improvement in the patient's condition and to improve patient outcomes by providing tailored support; and monitoring changes in their condition over time.

Ms Debora Harry advised that the Health Board had recently begun collecting patient experience data for those on the See on Symptoms (SOS)/ Patient Initiated Follow-Up (PIFU) pathway. Although to date only six responses had been received, they had been positive. She indicated that the team would continue to strive for more comprehensive patient experience feedback for the pathway

Ms Lewis acknowledged the significant positivity in the current approach, despite the long waiting times for help. She recognised that the improvement in waiting times was attributable to a change in practice which appeared to be having a significant impact on managing patient needs. However, Ms Lewis queried the potential harm to patients waiting on a list and whether there was a proactive way to monitor their ongoing health and needs, acknowledging that patients could self-present should they feel their condition deteriorating.

Ms Preez indicated that there was a proactive approach to informing patients to contact the waiting support service if their condition deteriorated. The waiting support service had established red flags, developed in collaboration with services, to identify deterioration that needed to be escalated back into services. Clinical reviews within the waiting support service could then be conducted by nurses or therapists to identify deterioration. The Committee noted that clear escalation routes were in place to refer patients back into specialties if they had clinically

deteriorated, although there was no easy method for capturing how many people were using this process and for what purpose.

Ms Preez indicated that the waiting list support service currently managed over 50,000 patients, supporting approximately 1,200 patients a month. Approximately 2% of these patients needed escalation back into clinical services for a clinical review, which is reported to WG.

Mrs Raynsford's enquired how patients were informed in what circumstance should they contact the waiting list support service, following receipt of a letter indicating they were on a waiting list. Ms Preez advised that various methods were used to inform patients about the waiting list support service, including leaflets, engagement campaigns, updated letters, text messages, and non-digital communication. Efforts would continue to ensure that patients were aware of the support available to them.

The Committee agreed that the Board could receive assurance that various Planned Care initiatives currently in place would support patients on an elective care waiting list.

Ms Preez and Ms Harry left the meeting.

Decision: QSEC:
• RECEIVED ASSURANCE from the various Planned Care initiatives in place to support patients waiting on an elective care waiting list.

QSEC (24) 109 **Therapies Services Paediatric Occupational Therapy Referral to Treatment Improvement Plan**

Mr Lance Reed joined the meeting.

Mr Lance Reed presented the Occupational Therapy (OT) (Paediatrics) Improvement Plan, highlighting the following:

- There has been a continued improvement from the August 2024 report, showing a reduction in the overall number of breaches in paediatrics and paediatric OT, as well as a reduction in long waits.
- All patients on the waiting list had been approached, canvassed, and validated by the waiting list support service.
- Patients had been given explicit information on how to contact the service if their child's condition deteriorated while on the waiting list.
- Regular validation was undertaken, including keeping in touch with phone calls to ensure patients still required the service and could request additional support if needed.

Mr Reed indicated that the process of appointing a third clinician to join the team was underway, in addition to the two clinicians already recruited to address longer waiters and waiting times. The team was exploring a split post with the post-viral chronic fatigue and Myalgic Encephalomyelitis (ME) service, focusing on the paediatric element and children presenting with chronic fatigue

and ME. This exploration includes looking at the post-viral service and the paediatric OT service.

Mr Reed also indicated that discussions were underway on how to work more collectively across the Neurodevelopmental (ND) service. He acknowledged the potential for running joint group sessions with parents to avoid separate referrals, as referrals to paediatric OT were often generated from the ND service intervention.

Mr Reed confirmed that the focus remained on the integrated improvement plan, which included data reporting, risk profiling, and mitigation; and he acknowledged that the development of a holistic PROM for children was a key challenge, though efforts would continue to address this.

The Committee commended Mr Reed and the team on the significant improvement outlined and wished him well in his retirement.

Mr Reed left the meeting.

Decision: The Committee:

- RECEIVED ASSURANCE that the Occupational Therapy (Paediatrics) improvement plan has progressed.
- AGREED the next update against the Occupational Therapy (Paediatrics) improvement plan for QSEC in April 2025.

QSEC (24) 110 **Compliance with Additional Learning Needs Act**

Mr Severs indicated that due to a recent change in the position, the Compliance with Additional Learning Needs Act report would be presented at the Strategy Group before being considered at QSESC, for inclusion in the next QSESC Update report.

QSEC (24) 111 **Withybush Creche Statement of Purpose**

The Quality, Safety and Experience Committee APPROVED the Creche Operational Document subject to updates to the staffing arrangements contained within the appendices.

QSEC (24) 112 **Improving Patient Experience Report**

The Quality, Safety and Experience Committee NOTED the Improving Patient Experience Report.

QSEC (24) 113 **QSEC Work Plan 2024-25**

The Quality, Safety and Experience Committee NOTED the QSEC Work Programme 2024-25.

QSEC (24) 114 **Ombudsman Investigation Report**

The Quality, Safety and Experience Committee NOTED the Ombudsman Investigation Report.

QSEC (24) 115 **Joint Commissioning Quality and Safety Committee Chair's Report**

The Quality, Safety and Experience Committee NOTED the Joint Commissioning Quality and Safety Committee Chair's Report.