

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

Date of Meeting: **09:30, Tuesday 08 October 2024**  
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present: Anna Lewis, Independent Member and Chair of the Committee  
Andrew Carruthers, Chief Operating Officer  
Ann Murphy, Independent Member  
Cathie Steele, Interim Assistant Director of Quality and Assurance  
Chantal Patel, Independent Member  
Delyth Raynsford, Independent Member and Vice Chair  
James Severs, Executive Director of Allied Health Professionals and Health Science  
Louise O'Connor, Assistant Director of Legal and Patient Experience  
Mark Henwood, Interim Medical Director  
Helen Williams, Llais Cymru Representative  
Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience  
Subhamay Ghosh, Associate Medical Director for Quality and Safety

In Attendance: Amanda Glanville, Head of Workforce  
Bethan Lewis, Interim Assistant Director of Public Health  
Bianca Oakley, Clinical Lead, Advanced Nurse Practitioner (Part)  
Charlotte Wilmshurst, Assistant Director of Assurance and Risk  
Helen Humphreys, Head of Nursing for Professional Standards and Regulations  
Jo Bradburn, Deputy Director of Allied Health Professions (Observing)  
Julia McCarthy, Head of Long-Term Care  
Lyanne Lewis, Head of Community Nursing (Part)  
Rebecca Richards, Head of Infection Prevention (Part)  
Sam Hussell, Head of Emergency Preparedness, Resilience & Response (Part)  
Sarah Cameron, Head of Community Nursing (Part)  
Sian Lewis, Clinical Lead Nurse (Part)  
Tracey Evans, Head of Community Nursing (Part)

<b>Minutes Ref.</b>	<b>Item</b>	<b>Action</b>
	<b>Governance</b>	
QSEC (24) 76	<b>Declarations of Interest- All</b>	
QSEC (24) 77	<b>Minutes from the Previous Meeting and Table of Actions</b>	
	The minutes of the previous meeting were approved as an accurate record.	
	Mrs Delyth Raynsford requested an update on the Welsh Health Circular (WHC): 1615 - Risk of Children and Young People with continence problems not receiving containment products or	

service due to lack of cohesive service for continence products for children and young people as there was an action for this to be discussed via the Quality, Safety and Experience Sub Committee (QSESC). Mrs Daniel advised that a national Task and Finish Group is being set up for Executive Directors of Nursing and the Terms of Reference are being drafted to address the challenges and service inequities across the region and will follow up on the update to QSESC.

SD/KL

QSEC (24) 78

### **Patient Story- Ceredigion Community Same Day Emergency Care and Outreach service**

Ms Bianca Oakley and Ms Sian Lewis provided a presentation on the Ceredigion Community Same Day Emergency Care and Outreach service that has been developed in South Ceredigion. Patients can access the service directly or a referral can be made by professionals such as Welsh Ambulance Service Trust (WAST) / General Practitioner (GP) / specialists nurse. The service provides healthcare support for a wide range of needs such as urgent primary care, minor injuries, chest pain, frailty, falls or sepsis. Referrals can be made for unwell patients to receive full advanced assessments within their own homes. Positive feedback has been received from patients and staff on the patient centred care model and range of services provided. Ms Oakley advised that part of the next steps is to extend the service to the north of the county.

Ms Oakley shared the experience of one patient, a farmer who suffered with Chronic Obstructive Pulmonary Disease (COPD) and significant respiratory issues who had a history of admissions to hospital. The patient had become unwell at home and his wife called the GP due to concerns that his condition was deteriorating. Both the patient and his wife were nervous about being admitted to hospital and wanted to avoid this if possible. The GP made a referral to the streaming hub and following a clinical discussion, the patient was able to be cared for at home by an advanced clinical practitioner and hospital admission was avoided which was overall better for his wellbeing and recovery. The patient felt in control and staff felt they were able to provide better support as they could see first-hand how the patient lived and offer tailored advice.

Ms Anna Lewis thanked the team and reflected on the impact that early intervention can have on patients' recovery and the benefits of providing support within the patient's home. Ms Lewis queried whether data is being captured for admissions to hospital that have been avoided through this model and subsequently whether there has been a reduction in medical costs. In response, Ms Oakley confirmed that data is being captured however it is proving challenging to evidence that admissions have been prevented due to care provided however information is collated on patients seen and what services are being provided.

Mr Mark Henwood had felt impressed by his visit to the Ceredigion Community Same Day Emergency Care and Outreach service

earlier in the year which he feels is a prime example of a patient centred care model. In terms of costing, Mr Henwood felt that even if the model is found to be more expensive, it is ultimately a better service for patients highlighting the overall therapeutic benefits of receiving care at home.

Reflecting on Ms Oakley's comment regarding expanding the model from South to North Ceredigion, Mrs Daniel asked the team to describe the workforce requirements to expand the service successfully. Ms Oakley said that the multi-disciplinary team approach has been pivotal in the success of the service and proactive collaboration efforts to ensure the best patient centred care. Ms Oakley reflected that inspiring staff is key to motivating them and thanked colleagues who have worked consistently hard to provide the best, outcome focussed care for patients. Ms Oakley added that providing in house training is important to enable and empower staff to work creatively as far as possible and to the top of their ability and qualification has also been key.

Mrs Patel queried if the costing of the model is available for review before the model is extended. Mr Carruthers advised that this information is available in terms of workforce and non-pay elements for service delivery. Mrs Daniel added that there has been allocated funding from the Welsh Government 'Further Faster' Workstream that has been allocated as part of the Community Nursing Specification to which has contributed to expanding community nursing provision in Ceredigion and Ms Oakley and Ms Lewis have utilised part of the funding innovatively to work more efficiently and effectively and provide the Outreach service.

In terms of evaluation and potential cost benefits of the model, Mrs Raynsford suggested that this is explored by the Value Based Healthcare team in terms of patient centred care, financial impact and the overall impact on quality care for patients.

**BO/MH**

Ms Lewis felt impressed and hopeful from the presentation for a strategic way forward to upscale this model. Ms Lewis suggested that improving the quality/ outcome focussed data will be key to strengthen the case for change. Ms Lewis also reflected upon innovation and creative working being invigorating for staff beneficial for patients if staff are empowered and restricted by governance only where absolutely necessary.

**Decision:** The Committee noted the patient story.

### **Risk**

QSEC (24) 79

### **Thematic Report on care home fragilities and closures**

Ms Julia McCarthy presented an update report on care home fragilities and closures due to the significant financial pressures and ongoing workforce recruitment challenges. Members were advised that there are currently 21 nursing homes providing

general and dementia nursing care and residential dementia care across the region. These care homes have a potential capacity of 1063 beds and there are four Specialist Nursing Homes. Ms McCarthy highlighted that the Health Board are commissioning beds for 545 residential patients.

Members noted that patients are often mentally unwell or unstable when moving directly from an acute hospital bed into a Dementia Nursing bed and without an alternative mid cost provision individuals are eventually admitted into a high-cost placement which is usually proven unnecessary and can on occasion expose this vulnerable cohort of people to other risks from fellow residents. Ms McCarthy was pleased to report that discussions are underway with a Nursing Home in Pembrokeshire to consider an alternative fee arrangement for intermediate level support. Ms McCarthy highlighted that the aging population means that there will be an increasing demand for care and support services, particular for patients with dementia and complex behaviours.

Members further noted the update provided on the 84-bed dementia nursing residential home in Llwynhendy, Llanelli, with the aim to open in Spring 2025. The provider who is planning this has also purchased land in Cross Hands, with the aim to build a further 65 bed dementia nursing residential home during late 2025.

Ms McCarthy updated Members that unfortunately there was loss of 30 care home beds within Ceredigion area due to termination of contract due to safeguarding concerns for residents.

Ms McCarthy advised that when an out of county placement is secured, a robust review is carried out after 12 weeks and thereafter annually, as a minimum, by the Long-Term Care Team to ensure that the care meets the individual needs of the resident. The increase in complexity of patients' needs has meant an increase in required reviews over the past few years.

Thanking Ms McCarthy for the sobering report, Ms Lewis asked Ms McCarthy whether the fragilities due to the growing demand, complexities of patient needs, provider challenges and workforce issues are at the foreground for national and local strategic planning. In response, Ms McCarthy highlighted that there are ongoing conversations with Local Authority and Welsh Government regarding the sustainability of this sector and Ms McCarthy feels that addressing the fragilities are a national priority and new ways of delivering services are being actively explored.

In terms of Board awareness, Ms Lewis queried where these issues and gaps are captured on the Risk Register, noting that if the risks come to fruition, this could potentially undermine the Health Board's wider strategic plans. In response, Mr Carruthers noted Ms Lewis's valid point, advising that the risks are incorporated in the the urgent and emergency care risk however whether the risks are being set out clearly enough is another

matter which needs consideration. Ms McCarthy advised that a quarterly report is provided to Strategic Direction and Organisational Development Committee on care home fragilities. Mrs Daniel recalled the work undertaken to promote recruitment in the care home and nursing home sector with Healthcare Education Improvement Wales with pre registrant nursing student placements two years previously to encourage this as an attractive career pathway. Members agreed that raising the profile of care home fragilities is important and board discussion will be helpful to raise awareness of the future risks and identify future opportunities.

KL

Decision: The Committee

- NOTED the information provided and recognised the current challenges within the Sector, and the resulting impact on the overall Care system, and individuals.
- NOTED the population projections, which will require increased capacity in future years.
- NOTED the areas identified as future opportunities and recognise the support required locally, regionally and nationally to address these, in order to achieve the aspired level and type of service provision for our population.

QSEC (24) 80

### **Upper Gastrointestinal (UGI) Surgery (Quality Panel)**

Providing context for the report, Ms Caroline Lewis explained that that there is currently no UGI representation on the Withybush Hospital (WGH) emergency rota. The on-call rota is a mix of Lower Gastrointestinal (LGI) and general surgeons, and the rota is fragile. UGI patients that require urgent review are transferred to GGH and the delays in treatment due to these transfers may cause deconditioning. Ms Caroline Lewis provided the temporary options that are being explored by Executives until the implementation of the new model as part of the Clinical Services Plan, which is being presented to Board in November 2024.

Mrs Patel queried whether a quality impact assessment (QIA) has been undertaken and Mr Henwood confirmed that QIA's are undertaken as part of the Clinical Services Planning process.

Mrs Raynsford asked whether patients at WGH are at risk of harm as the model stands and if so whether there is patient safety data to corroborate this. Mr Ken Harries confirmed that there is delayed decision making for patients presenting in an emergency to WGH which would be harmful, and this would be providing a substandard service which is not acceptable and requires urgent change until the new sustainable model is in place.

Ms Lewis commented that it will be useful to have data showing the impact on patient safety to reinforce the case for change for Board in November 2024.

AC/  
CL/DL

In terms of the option to relocate the emergency service to Glangwili Hospital, Ms Helen Williams asked why the consultant surgeon is not relocated to WGH instead of asking patients to travel further and whether engagement with the public is taking place to get patient perspective on these options. In response, Mr Harries stated unfortunately it is difficult to co-ordinate the Consultant's rota for attendance at WGH as emergency surgery cannot be forward planned and the low number of patients needing emergency support needs to be considered. In response to the query regarding patient feedback, Mr Harries advised that patients are 'voting with their feet' and opting to present to GGH in the first instance as opposed to WGH if they have presented to WGH previously as will have had experience of needing to be transferred.

The recommendation was accepted, and the Committee supported the case for change until the Clinical Service Plan is finalised. Ms Lewis emphasised that the quantification of data to evidence clinical deterioration due to fragilities with the current model, will enable easier communication of the safety risks and need for change to the population and aid Board discussion.

*Ms Caroline Lewis and Mr Ken Harris left the meeting.*

## **Assurance**

QSEC (24) 81

### **Quality Assurance Report**

Ms Cathie Steele presented the key updates from the Quality Assurance report highlighting the positive impact that the Directorate Targeted Intervention escalation meetings are having on response to incidents, complaints and inspection actions and further actions have been made completed since the publication of the report.

Mrs Patel raised concern regarding the recurring themes from incidents and inspectorate recommendations and queried what is being done to ensure lessons are being learned. Ms Steele noted Mrs Patel's comment and made reference to number of patients falls and pressure damage incidents, which is a recurring theme, and advised that 7-minute briefings are being provided to the teams and Directorates are being encouraged to share learning across the organisation as much as possible. Members noted that the Learning Framework that is in development will be key to strengthen wider learning to ensure mistakes are not repeated.

Mrs Daniel added that the pressure damage data that is periodically reported to the Committee is highlighting a downward trend. Ms Steele also added that the Listening and Learning Sub Committee have recently taken a specific item relating to Patient Falls to upscale learning.

Ms Anna Lewis suggested that it will be helpful for the Committee to receive a presentation at the December meeting on the Learning Framework and an articulation of the system that is being developed that will ensure cascading of learning opportunities beyond individual services. Ms Lewis added it will be useful to also provide an understanding of what interventions work the best for maximum impact, providing an example that newsletters have not historically proven to be successful. **CS**

Ms Helen Williams queried the open incidents data in Glangwili and Prince Philip Hospital and noted that there does not seem to be timeframes to clarify how long these incidents have been open. Ms Steele advised that the Escalation Framework governance arrangements commenced in April 2024 and since then there have been a reduction in open incidents and no significant change in the number of incident reporting which Mrs Daniel commented is positive as there is a healthy incident reporting culture.

*Ms Rebecca Richards joined the meeting*

Mrs Delyth Raynsford raised concern regarding the hand hygiene validation audits which continue to indicate poor compliance and queried whether this is a particular challenge for specific staff groups or a wider cultural issue. Ms Richards felt strongly that the change and improvements needed lie with a proactive leadership approach and challenging and addressing incidents of non-compliance at source. The Infection Prevention and Control team are represented at the Directorate Quality, Safety and Experience Groups to emphasise the need for improvements in this space however noted that cross multi professional leadership is key to sustainable improvements and it is the responsibility of all staff to adhere to the hand hygiene standards.

Mrs Raynsford enquired what is being done to address the issue as historically newsletters or emails etc have not led to a change in behaviour and reflected on whether staff are not comfortable challenging individuals that are not complying with the standards. Mrs Daniel highlighted that the audit results are periodically shared with the Committee which show the results for all staff groups. Mrs Daniel suggested the Locality Infection Prevention control (IPC) meetings are where the targeted conversations need to take place regarding compliance, and it may be useful for the Committee to have sight of some examples of the outcomes of these discussions.

Mr Henwood reflected on the challenge with trying to change individual behaviours and emphasised that staff need to feel comfortable challenging peers and be open to be challenged.

Ms Richards confirmed that all staff groups are part of the audit including Estates and Facilities staff and that any push back from individuals that are found to be non-compliant is escalated to the department Head of Service. In terms of the validation audits, Ms Richards recognised the challenge with staff being aware that the

IPC team will be attending and would suggest reviewing this process and increasing observation.

Ms Helen Williams suggested a campaign to empower patients to challenge staff members. Mrs Daniel recalled that such an approach had been undertaken in the past to encourage patients to speak up.

Mrs Patel raised that if staff are aware that there is an on-site audit scheduled there will naturally be better compliance and queried what follow up actions take place to monitor this. Mrs Daniel commented that as alluded to by Ms Richards the current methodology for scheduled audits is under review.

Ms Anna Lewis asked whether there is confidence that the actions underway are going to tackle the root causes of the infection control challenges and whether there is an understanding of why the challenges in this space persist. Providing context, Mrs Daniel advised that there is a combination of reasons and provided an overview of the antimicrobial stewardship underway to educate and support health care professionals, and the approaches are multi-faceted for specific organisms.

In terms of the four specific quality metrics being monitored via the Escalation Framework meetings, Ms Lewis queried why these specific areas of focus were chosen. Ms Steele advised that a review was undertaken of where the data was available, and the four domains were chosen as well as monitoring incidents that have been open over 120 days. The quality aspects are being upscaled for monitoring. Ms Steele added that the decision to include Duty of Candour and incidents was made to educate, raise awareness and embed the Quality Engagement Act into the monitoring processes. Mrs Daniel also explained the alignment between the Integrated Quality Financial Performance Delivery Targeted Intervention de-escalation arrangements that were helpful in providing a foundation to build from in terms of areas of focus. Ms Lewis commented that the current metrics provide an indication of quality monitoring but are not a wide sweep across all quality domains.

Ms Lewis queried the sustainability of improvements and whether the changes implemented are being measured and monitored. In response, Ms Steele advised that changes are not formally being captured but there are clear improvements in risk reporting and incidents which are documented. Mrs Daniel advised that as well as the Escalation meetings quality domains are also discussed with Directorate leads during bespoke 1-2-1 meetings and noted there is work to do in monitoring progress.

Ms Steele highlighted that there are improvements to be made in complaints management across Directorates which will align with the revised Putting Things Right Policy and early resolution management process. In response to Ms Steele's comment, Mr James Severs commented that there has been additional

resource and improvements in complaints management in some Directorates and a conversation is required at Executive Team on how this additional resource can also support other areas where possible.

Highlighting the Nurse Staffing Establishment Levels data within the Quality Assurance Report, Ms Anna Lewis was struck by the numbers of 'staffing levels not met by appropriate' category, and asked if the establishment continues to not be met but deemed appropriate whether it is time to review the level. Ms Helen Humphreys advised there have recently been data input issues with the Allocate System relating to staff head count and working hours which may be impacting on the data quality. Members noted that the data quality issue needs resolving, and Ms Humphreys undertook to resolve this with the Allocate System and an updated report will be shared at Committee in December 2024. **HH**

Referring to the nurse staffing levels at night data highlighting that 30% of staffing levels not being appropriate which is significant in terms of risks for patients. Ms Lewis queried whether it is reasonable to conclude from the data that there 30% of occasions that appropriate staffing levels are not met. Ms Humphreys advised that where staffing establishment is not met enhanced patient support or bank staff are requested and there is a piece of work underway to review the use of enhanced patient support, building this is in to base level requirement and managing demand.

Ms Anna Lewis raised concern regarding the long-standing Health Inspectorate Wales overdue actions, and highlighted that despite the significant level of work undertaken to revise systems, processes in place and the layers of additional scrutiny and targeted intervention meetings, how the Health Board is not making improvements in this space, with some actions overdue by a number of years. Mrs Daniel confirmed that the scrutiny processes in the Targeted Intervention meetings have demonstrated an improvement in actions being closed. Mrs Daniel highlighted that some Directorates such as Mental Health and Learning Disabilities receive a high number of inspections and recommendations with progress on some being aligned to strategic and work force plans which will take longer to close. When the recommendation is received, the service will decide on actions to complete. There is a lot of work underway in this space to ensure actions are achievable and Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) focussed.

Ms Steele provided an example of some actions being delayed and subsequently no longer relevant/ achievable and not able to be closed. Members raised concern regarding this data quality issue and Ms Lewis asked for a clear position statement by the next meeting with explanatory notes to allow the Committee to effectively scrutinise the information and be confident there are systems in place to monitor and effectively address outstanding actions. **CS**

The Committee received assurance that processes are in place to review and monitor:

- Patient safety incidents including nationally reported patient safety incidents
- Duty of Candour
- Infection, prevention, and control

An update on the data quality issues relating to Nurse Staffing Levels via Allocate System and HIW outstanding actions has been **HH** requested for the next meeting.

## **QSEC (24) 82 Quality, Safety and Experience Sub Committee (QSESC)**

Mr James Severs presented the QSESC Update report and highlighted that the meeting that took place on 12 September was the first meeting with the Clinical Executives leadership. Mr Severs reflected on the pace and amount of information shared at these meetings and discussions are underway to improve reporting mechanisms as there are variations in what is coming through. Mr Severs highlighted that there are 27 Directorates, and 9 reporting groups and planning is in place regarding scheduling updates. A workshop has been arranged to discuss quality and safety reporting going forward with Directorates leads on 19 November 2024.

Mr Severs advised that there were no matters discussed at the meeting to alert the Committee of, however there was some ambiguity in terms of the Medical Examiners Service and whether the process is as robust as it needs to be. Assurance was provided in terms of process in place however additional resource is required for service sustainability. This will continue to be monitored by the Sub Committee.

A request has been made by the Sub Committee for a SMART action plan for the roll out the Cook Freeze catering model across the organisation from the Hotel and Facilities team to clarify the aim to achieve what by when. An update will be provided via the Estates and Facilities report at the next meeting in November 2024.

Several other matters were discussed at the meeting including an action to clarify governance for Water Access arrangements, progress with the Human Tissue Authority Group and the proactive steps undertaken in response to the David Fuller Inquiry and a pilot for the Call for Concern process at Glangwili Hospital which was endorsed by the Sub Committee.

Ms Lewis was pleased to note that a workshop has been arranged and encouraged colleagues to be bold and put careful thought into the critical role the Sub Committee can play in the organisations quality and safety agenda. Ms Lewis

also queried the process in terms of agenda setting. Mr Severs advised that this is an area for improvement, with no clear rationale for agenda setting at present and Executives intend on taking control of business and flag issues or areas for concern when necessary.

On behalf of the Trade Union, Ms Ann Murphy queried the position in terms of staff accessing water and in response Ms Rebecca Richards confirmed that hydration stations have now been identified for staff in each area.

**SD/JS**

Thanking Mr Severs for the update, Ms Lewis asked that the Clinical Executives request feedback from Directorates on the Committees function and engagement during the workshop to strengthen its role and focus.

**Decision:** The Committee **NOTED** the update report.

QSEC (24) 83

### **Listening and Learning Sub Committee (LLSC)**

Mrs Louise O'Connor shared the LLSC update report and highlighted that it was a positive meeting whereby a selection of patient stories, feedback, concerns, claims and redress cases relating to maternity services were reviewed and discussed.

Members were advised of the upcoming changes to the Putting Things Right (PTR) Regulations, which will be implemented from 1 April 2025. The new process will be more person centred and focussed on improving transparency and trust. There is a greater emphasis on active listening and action as part of an early resolution stage. Currently the early resolution stage requires any concern that cannot be resolved within two working days to be moved into the formal putting things right investigation stage. In readiness for the changes, the Listening and Learning Sub-Committee agreed that the current timeframe of 2 working days for an early resolution be increased to 10 working days, in advance of the formal implementation date of the new Regulations from 1 October 2024 and QSEC approved this with the expectation that the impact is monitored and shared with the Committee.

Mrs O'Connor shared the Public Services Ombudsman Wales Annual Letter and an overview of complaints and actions for improvement undertaken by the Health Board over the course of the previous year. Ms Lewis asked what the process will be for the Health Board to undertake the actions in response to the letter. Mrs O'Connor advised that a culture piece is being explored for responding to complaints and undertaking improvements in the investigation processes. Members noted that timeliness of responses are important but ensuring quality investigations should be the focus and priority. There are investigation training opportunities being explored for the investigation processes and improvements in metrics and monitoring processes underway. Mrs Daniel will request with the Director of Corporate Governance to ask that the Annual Letter is included as part of the Patient Experience Report for Board in November 2024.

SD

Members noted that the compliance rates are positive in the annual letter and that the Health Board have received one of the highest compliance rates across Wales.

Ms Anna Lewis requested an update at the next meeting on the Ombudsman work underway.

LOC

**Decision:** The Committee NOTED the report and endorsed the proposal to amend the current 'early resolution' timescale of the PTR policy to 10 working days

QSEC (24) 84

### **Withybush Hospital Creche Progress of CIW Action Plan- Verbal**

The Committee received a verbal update on the progress of the Withybush Hospital Creche action plan and noted the significant improvements. Care Inspectorate Wales have undertaken a follow up visit, and the inspection rating has been upgraded across all of the domains. Mrs Daniel advised that there is a nominated Responsible Individual (RI) and Deputy (RI) in post and the general feedback from staff is that they are feeling a lot happier. Members noted that there is one action outstanding which is the finalisation of a written control document and Mrs Daniel highlighted that the Task and Finish Group will not be stood down until it is clear progress is sustainable. Members noted that once complete, the creche will move under the remit of Women's and Children's Directorate for operational management.

Mrs Daniel commented that there has been a lot of work in this space that was necessary, and it has been pleasing to see the positive comments from CIW however there have been lessons learned in terms of how the Health Board found itself in this position.

**DECISION:** The Committee noted the update and agreed that the statement of purpose would remain on the Table of Actions until the action is completed.

KL

QSEC (24) 85

### **Infected Blood Inquiry Findings**

Ms Sam Hussell presented the Infected Blood Inquiry update report.

Thanking Ms Hussell, Ms Anna Lewis commented that the report is thorough and reflected on when the infected blood inquiry was shared on the news it was publicised as a 'NHS Cover Up' scandal as much as it was a clinical failure and queried if there has been learning from events. Ms Hussell shared that there are national conversations underway in this space which the Director of Public Health will be able to provide more detail on.

AG

**Decision:** The Committee received assurance that the Health Board has put in place an appropriate response to the Infected

Blood Inquiry Report with ongoing robust testing and treatment pathways and will continue to offer support to concerned individuals who may have been infected.

*Ms Sam Hussell left the meeting.*

QSEC (24) 86

### **Community Nursing Annual report 2023/24**

*Ms Tracey Evans, Ms Sarah Cameron and Ms Lyanne Lewis joined the meeting.*

Ms Tracey Evans presented the key highlights from the Community Nursing Annual Report 2023/24 noting the focus work undertaken for the sustainability of Community Nursing service across the three counties. Ms Lyanne Lewis highlighted the investment in Community Nursing teams workforce has been positive including administrative support and the efforts to grow nonregistered nursing workforce have been positive. Members noted there has been investment in the senior nurse and leadership roles which in turn has improved sickness and along with gradual increase in weekend activity has had a positive impact on cancelled and deferred visits. Ms Sarah Cameron provided an update on pressure damage incidents which continue to translate to low harm. All risks are being regularly reviewed.

Members were pleased to note electronic capturing of patient experience and learning from positive and negative feedback to strive for continuous improvements in the service.

Thanking the team for the helpful update, Mrs Daniel explained that the Annual Report was presented to the People, Organisational Development and Culture Committee who sign posted the report to this Committee which highlights positive cross Committee working arrangements.

Ms Anna Lewis noted the number of positive developments in the service and commented on the creativity and energy that is apparent from the Heads of Nursing. In terms of the additional funding from Welsh Government, Ms Lewis queried whether this is recurrent. Ms Evans confirmed that the Further Faster funding is recurrent.

**Decision:** The Committee **NOTED** the report and take assurance that there is clear oversight of risks and actions in place to achieve the recommendations set out by Care Action Committee

QSEC (24) 87

### **Nurse Staffing Levels Three Year Report and Spring 2024 Calculation Cycle**

Ms Helen Humphreys presented the outcome of the spring 2024 calculation cycle which will be presented to Board in November as part of the annual reporting process.

Setting out the outcome of the Spring Cycle, Ms Humphreys provided an overview of the revised nurse staffing establishment and additional funding requirements on the different wards as detailed within the report. Members noted following previous discussions there is a piece of work to do on ensuring quality data and to provide assurance that the calculations are appropriate. In terms of the potential financial impact, Ms Lewis queried whether the Sustainable Resources Committee should be sighted on the report. In response Mrs Daniel advised that the report has been presented to the Financial Control Group and will be discussed at Executive Team meeting on 22 October.

**Decision:** The Committee received assurance that Hywel Dda University Health Board (HDdUHB) is meeting its statutory 'duty to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.

### **Operational Group Update Reports**

QSEC (24) 89

#### **Medicine's Management Operational Group (MMOG)**

Dr Subhamay Ghosh presented the key highlights from the MMOG Update report. The Group wished to alert the Committee that the completion of Venous Thromboembolic Risk Assessments continues to be poor even though the prescribing of prophylaxis has improved. Discussion took place on current processes and the Committee requested an assurance report on systems in place for completion of Venous Thromboembolic Risk Assessments to be scheduled for Quality, Safety and Experience Sub Committee in January 2025.

**SG**

Ms Ann Murphy raised concern regarding a diabetic prescription supply challenge that had recently been brought to her attention and the risks for patient safety. Dr Ghosh undertook to raise this with the Diabetics Group that reports to MMOG and provide feedback to Ms Murphy directly.

**SG**

### **Policies and Procedures for Approval**

QSEC (24) 90

#### **Incident Reporting Procedure**

The Incident Reporting Procedure was shared with the Committee for approval. Mr Severs sought assurance that this document has been circulated via Health and Safety Committee as part of the consultation process and it was confirmed that it had been.

**Decision:** The Committee approved the Incident Reporting Procedure.

QSEC (24) 91

#### **Medication Error Policy**

Mrs Daniel presented the revised Medication Error policy and highlighted that this has been rewritten as a multi professional

Policy. Ms Lewis reflected that in learning from medication errors, there needs to be a balance in individual accountability and understanding the systems in place that allow the errors to happen. The Policy was highlighted as being still in draft and will return to Committee for approval.

QSEC (24) 92

**For Information**

- **Joint Commissioning Quality, Safety and Experience Committee Minutes**
- **Welsh Government Integrated Quality, Planning and Delivery minutes**
- **QSEC Work Plan 2024/25**