

**Pwyllgor Ansawdd, Diogelwch a Phrofiad Cymeradwy/  
Approved Minutes Quality, Safety & Experience Committee**

Date of Meeting: **09:30, Tuesday 09 April 2024**  
Venue: **Microsoft Teams Meeting; Ystwyth Board Room**

Present: Anna Lewis, Independent Member (Committee Chair)  
Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience  
(Lead Executive)  
Andrew Carruthers, Director of Operations  
Delyth Raynsford, Independent Member (Committee Vice Chair)  
Ann Murphy, Independent Member  
Joanne Wilson, Board Secretary and Director of Corporate Governance  
James Severs, Director of Therapies and Health Science  
Mark Henwood, Interim Medical Director  
Subhamay Ghosh, Associate Medical Director for Quality & Safety  
Louise O'Connor, Louise O'Connor- Assistant Director of Nursing, Quality and  
Patient Experience  
Jill Paterson, Director of Primary Care, Community and Long-Term Care  
Cathie Steele, Head of Quality and Governance

In  
Attendance: Frances Howells, Head of Infection Prevention  
Bethan Lewis, Assistant Director of Public Health  
Ceri Griffiths, Interim Assistant Director of Nursing  
Olwen Morgan, Assistant Director of Nursing  
Lance Reed, Clinical Director of Therapies  
Luke Jones, Additional Learning Needs Co-ordinator  
Helen Humphreys, Head of Nursing for Professional Standards and Regulation  
Lydia Davies, Service Delivery Manager for Trauma and Orthopaedics  
Caroline Lewis, Service Delivery Manager for General Surgery  
David Lewis, Service Manager for General Surgery  
Craig Jones, Population Health Improvement Manager  
Rebecca Temple Purcell, Assistant Director of Nursing, Mental Health and  
Learning Disabilities  
Alison Bishop, Unscheduled Care Lead  
Mandy Davies, Assistant Director of Nursing, Quality Improvement  
Bry Phillips, Senior Nurse Manager Oncology  
Emma Phillips Quality Improvement and Service Transformation Practitioner  
Nerys Lewis, Senior Nurse Unscheduled Care  
Rhodri Evans, Independent Member and Vice Chair of the Health Board  
(Observing)  
Katie Lewis, Committee Services Officer

**Apologies:** Chantal Patel, Independent Members  
Ardiana Gjini, Director of Public Health

**Minutes Item  
Ref.**

**Action**

**Governance**

**QSEC  
(24) 22**    **Declarations of Interest**

Ms Ann Murphy declared an interest as the Independent Member trade union representative in matters arising relating to industrial action.

**QSEC  
(24) 23**    **Minutes from the Previous Meeting and Table of Actions**

Welcoming all to the meeting, Ms Anna Lewis advised Members that the 'triple AAA- Alert, Advise and Assure' escalation process will continue to clarify matters and risks for escalation to Public Board. The aim is for this process to be rolled out across all Committees. In terms of the Committees expectations considering the immense pressures and challenges, the Chair feels that it is important that presenters feel comfortable in discussing issues and barriers being faced in a constructively challenging forum, and for the Committee to receive a true picture of challenges being faced and would appreciate Executive Leads to relay this to colleagues who are invited to present items.

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

Referring to reference QSEC (24) 07, Mr James Severs confirmed that the outcome of the meeting will be provided as part of agenda item 2.1 Therapies Services Referral to Treatment (RTT) Action Plan.

Providing an update on QSEC (24)10, Mrs Sharon Daniel advised that the terms of reference for the Operational Quality, Safety and Experience Sub Committee are in the process of being reviewed and will be presented for ratification at the meeting in May 2024 and for approval at the Committee in June. Following a recent clinical executive discussion and in light of the revised Executive Team structure under Professor Kloer's leadership, it is likely that there will be changes to the reporting arrangements and structure, and the Sub Committee will inform the newly developed Integrated Quality, Finance and Performance Group.

In terms of QSEC (24) 09, Mrs Delyth Raynsford enquired whether the People, Organisational Development and Culture Committee (PODCC) are aware of the challenges in capacity to provide life support training for staff across the organisation and whether this is being monitored. In response, Mrs Joanne Wilson undertook to share the action relating to capacity challenges with the lead executive for consideration at PODCC agenda setting.

**JW/KL**

**QSEC (24) 24 QSEC Annual Report 2023/24**

The Quality, Safety and Experience Committee Annual Report 2023/24 was shared with the Committee for approval, with Members noting the streamlined narrative. The format will be revised again before next year's reporting cycle for continuous improvement.

**Decision:** The Committee endorsed the QSEC Annual Report 2023/24

**QSEC (24) 25 Staff Story- Safe Care Collaborative**

Ms Mandy Davies shared a presentation providing staff feedback of the Safer Care Collaborative in the transforming urgent and emergency care (TUEC) department. Members received the background of the Programme which was established to support organisations achieve safe, reliable and effective care across the NHS in Wales. Ms Davies also provided an overview of the eight projects that commenced as part of the improvement initiative based around the six goals for transforming urgent and emergency care, which include the following:

Community Care

1. Alternative pathways for Welsh Ambulance Service Trust (WAST) Ceredigion
2. Improvements in Palliative Care Communication Carmarthenshire (TUEC POLICY Goals 1 and 2)

Ambulatory Care

1. Acute oncology admissions in Same Day Emergency Care (SDEC)- Withybush Hospital (WGH)
2. Borderline Criteria Patients in SDEC- Glangwili Hospital (GGH)
3. Frailty Matters- GGH TUEC Policy Goals 3 and 4

Acute Care

1. Hydration and fluid balance- Bronglais Hospital (BGH)
2. Right patient, right place, right care, first time- GGH
3. Talk News-WGH Transforming Urgent and Emergency Care TUEC Policy Goals 5 and 6

Ms Davies introduced Nerys Lewis, Senior Nurse in urgent and emergency care services at Glangwili Hospital. Ms Nerys Lewis shared positive staff and patient feedback and explained that the Enabling Quality Improvement in Practice Programme team have provided great support to implement changes to support the service, with coaches in place to support improvements as part of the acute work stream. Members noted that the 'Teifi Jones' family example which has been used to aid communication of projects has been a helpful tool to demonstrate the impact of decisions relating to health services on patients and families. Nerys Lewis took the Committee through the practical changes undertaken within the team, which align to the Safe, Timely, Efficient, Effective, Equitable Person Centred (STEEEP) principles, promoting a culture and focus on patient safety within a relentlessly challenging environment and the steps to mitigate the risks in the department. Nerys Lewis also shared the work underway to promote 'Think SMART awareness' such as revising the safety schedules in place, escalation processes and sharing information processes through the teams MS Teams group chat.

Members were pleased to receive the positive feedback from staff and requested that the presentation is shared via email to watch the staff feedback recordings at their own convenience. Members were also pleased to note the positive national feedback from the Deputy Director of Quality Improvement Cymru.

**MD/ KL**

The team shared an update on the Systematic Anti-Cancer Therapy (SACT) Service improvement work undertaken, which includes operational changes to reduce the long waits for urgent care for patients. Emma Phillips read aloud a cancer patient's experience with the Same Day Emergency Care service whereby improvements in environmental settings and infection prevention safeguards were highlighted.

Bry Phillips presented the work underway in the Oncology service to reduce avoidable hospital admissions by improving internal pathways and communication both within primary and secondary care to ensure patients receive the right care, in the right place, the first time. Members noted that the acute Oncology Service (AOS) Triage service was causing long waits for SACT patients who were previously presenting to emergency departments and are now sign posted to the Same Day Emergency Care service. AOS engagement with the SDEC service has improved, PREMs information is being gathered and the implementation of a QR code to gather patient feedback has been positively received. The Committee was pleased to note that according to the data collation from Same Day Emergency Care, there has been a 26% reduction in Accident and Emergency attendance to hospitals for this cohort of patients.

The Committee extended gratitude to the teams, with Members highlighting that the Safe Care Collaborative work has maintained momentum since it started. Ms Mandy Davies recognised the huge commitment undertaken by staff and the meeting arrangements have been beneficial to allow staff time away from clinical roles to have the time and space to think about improvements and share learning with other acute teams. Ms Davies highlighted that these meetings have also been valuable in improving staff psychological safety and promote a constructively challenging culture.

Ms Anna Lewis requested that the slides and poster with the six goals for transforming urgent and emergency care are included with the Committee Update report to Board.

**MD/ KL**

Mrs Raynsford noted the enthusiasm and motivation within the team which is a pleasure to witness and will look forward watching the videos shared of staff feedback in the slides. Mrs Raynsford enquired whether the changes have had an impact on children and young people pathways. In response Ms Davies advised that update has been relating to changes for adult services as children have a separate pathway but will welcome the Committees steer on the next steps for the programme. Ms Lewis would welcome these initiatives to be undertaken as standard across the organisation, not only in pockets.

Ms Lewis put forward the Committees interest in undertaking site visits to see the improvement work underway firsthand and Ms Davies shared an open invitation for the Committee to visit.

The Committee **NOTED** the update.

**QSEC Behaviours Framework**  
**(24) 26**

Mrs Sharon Daniel updated the Committee on the recent development of a draft Behaviours Framework following an action that arose from the Quality, Safety and Experience Committee (QSEC) Self-Assessment Outcome Report 2023/24. The framework will be based on the organisations values and cross referenced against the Six Domains of Healthcare Quality and Safe and Effective Care initiatives. Mrs Daniel explained that this will frame the Committees goal to be a high performance and high challenge environment and set out what expected from Members and presenters. Mrs Daniel advised that an agenda brief template has also been drafted which is aligned to the STEEEP principles. This document is in draft and will be shared at the Task and Finish Group for feedback.

**SD**

Thanking Mrs Daniel for updating the Committee on developments, Ms Anna Lewis also advised that input has been sought from the Head of Organisational Development who will be undertaking a 'critical friend' role in the improvement work. Ms Lewis suggested that the framework table is trimmed back and noted that there may be some duplication. Mrs Joanne Wilson highlighted that the Chair of the Health Board will also need to approve framework ahead of implementation.

**JW**

Reflecting upon the draft shared, Ms Jill Paterson enquired how progress will be evaluated, suggesting that presenter/ Directorate feedback is sought. In agreement, Ms Lewis shared that this will be important in terms of self-assessment, to gather feedback from presenters on their experience attending Committees, interactions and outcomes.

**SD**

Decision: The Committee noted the update.

**QSEC Targeted Intervention Governance Process**  
**(24) 27**

Mrs Wilson provided Members with a verbal update on a recent inception meeting with Welsh Government relating to the Targeted Intervention escalation status. Mr Lee Davies, Director of Strategic Performance and Planning has been confirmed as the Senior Responsible Officer for Targeted Intervention for the Health Board. As part of the next steps, Mrs Wilson advised that the targeted intervention framework will be aligned to the respective Committees and will be reported to QSEC and through revised operational governance structure to track progress on areas in the quality domain. Mrs Wilson clarified that the Health Board can only deescalate to the status below (enhanced monitoring) if the necessary criteria and requirements are met.

**SD**

Decision: The Committee noted the update

## Risk

### **QSEC Therapies Services Referral to Treatment (RTT) Action Plan (24) 28**

Mr Lance Reed provided the salient points from the Therapies Referral to Treatment time update report following an initial assessment that was provided to the Committee in February 2024. Mr Reed advised that in collaboration with the Director of Therapies and Health Science, the action plan has been revised, and the team have set out improvement and performance requirements and a process for the internal management of risks. The team will initially provide a focus on one client group and undertake a phased approach for improvements, starting with the Paediatric Occupational Therapy service. Mr Reed added that the aim is to spread and scale improvements and learning across services. Noting that Paediatric Occupational Therapy service currently has patients waiting longer than 118 weeks, Mr Reed and the team feel that addressing this is a priority and the timeline for completion of the Therapies Improvement Plan (TIP) is June 2024.

In terms of the discovery phase that is referred to in the report, Mr Reed explained that the team have had to unpick areas of historical established practice and to redirect resources to make improvements across the Directorate. Mr Reed shared that the team are currently scoping national practice, and the benchmarking process has sparked a level of national interest. Members noted the work underway with the Waiting List Support Service to reach out to patients who have been waiting the longest to provide an update on waits and the majority of feedback received so far is that the longest waiting children continue to need these services. A piece of work is underway alongside this to sign post patients for support services while waiting for assessment.

Ms Anna Lewis thanked Mr Reed and Mr Severs for the helpful update and felt that the team is now in a much clearer position on what is needed to improve access to services for the population.

Ms Ann Murphy commented that the format of the TIP template is helpful and sets out the progress and timelines clearly and thanked Mr Severs and Mr Reed for the work undertaken to provide this information.

Mrs Raynsford felt a level of assurance from the robust approach undertaken to scrutinise areas for improvement and felt gratitude for this. In terms of the national picture, Mrs Raynsford enquired if this is a national trend in terms of waits and enquired regarding the number of children and young people waiting for the occupational therapy service. Mrs Raynsford also enquired with regards to the investment required for improvements, what will happen if this is not secured.

In response to Mrs Raynsford's queries, Mr Reed advised that there are approximately 324 patients waiting for this service across the three counties however that there is a different model in Carmarthenshire which is a Health and Local Authority integrated model. Weekly validation exercises are underway, and at present existing resources are being

reallocated accordingly. Mr Reed advised that the team are working with Informatics colleagues and Value Based Healthcare to change how data is being presented for validation and are moving towards developing a dashboard for patients who are at the greatest risk of harm, which will also be able to make the information on those waiting in which county and age profile more easily accessible.

In response to Mrs Raynsford's query regarding what service areas are standing out and causing sleepless nights in terms of concern, Mr Reed explained that this would be the waiting times for Paediatric Occupational Therapy therefore is content that this is the Directorate that is being targeted for improvement first.

Highlighting the need for additional funding within the report, Ms Lewis enquired whether this needs to be brought to the attention of the Sustainable Resources Committee. In response Mr Severs advised that this does not require Committee support at this stage and work is underway via the Executive Team and Finance Colleagues.

In summary, Mr Severs explained that the Committee are asked to take assurance that an equitable access process and a data cleansing exercise is underway. In relation to action from the last meeting for Mr Severs to meet with the Chair and Vice Chair for an update on progress, Mr Severs advised that the meeting took place to talk about the plan and risk profile, and highlighted that there is a level of complexity to addressing the challenges which are being worked through in terms of embedded practices. For new services, processes can be set up according to the new metrics which is more straight forward.

The Committee agreed the recommendation and will advise board accordingly. The action plan will be forward planned for August meeting, and Mr Severs will undertake a touchpoint meeting with the Chair ahead of the meeting and share a note with the Committee on progress.

**JS**

**Decision:** The QSEC noted progress, since the first alerting to QSEC in February 2024.

- received assurance, the discovery work has been undertaken to inform the proposed TIIP.
- noted that £200K expenditure will be considered by the Executive Team.
- received assurance, the TIIP for Occupational Therapy (Paediatrics) will serve as a blueprint to enable replication and upscale improvement work across the directorate.

**QSEC (24) 28 Understanding the Quality and Experience Impact Realised to Date through Transforming Urgent and Emergency Care Activity**

Ms Ceri Griffiths shared a presentation with the Committee to provide assurance on the progress of the Transforming Urgent and Emergency Care programme. Highlights included the impact and benefits of a number of initiatives to improve flow, such as embedding a 'Home First' approach, the investment in the Trusted Assessor roles and changes and development of clinical streaming hubs. Data was shared on emergency care activity and admission outcomes and performance in terms of hours spent in emergency departments for patients and length of stay. Ms Griffiths recognised that the information does not provide a clear picture of individual experience with the data shared being more performance against targets focus.

Thanking Ms Griffiths, Ms Lewis had recently been reflecting that it will be helpful for the Committee to understand the impact of the service pressures on individual patient experience. Considering the recent increase of patients attending urgent and emergency care services by 20% in the past month, the Committee want to understand what this means for individual patients in terms of quality, safety and experience such as availability of waiting room chairs, follow up communication, long term prognosis, access to bathroom facilities etc. Recognising the vast number of variables at play, Ms Lewis acknowledged that careful thought is needed on how this information can be gathered and shared with the Committee. Mrs Daniel felt that that PROMS and PREMS information will be helpful. Mr Carruthers reflected that there are a number of elements to this request, and there is work to undertake to revise quality indicators and metrics.

**AC/ JP/  
SD**

Ms Bethan Lewis echoed comments regarding improving quality metrics, providing an example of how to capture patient deconditioning, for instance continence monitoring for frail patients, and how to capture these metrics on an individual level.

Ms Anna Lewis raised concern regarding unacceptable standards of care becoming normalised, which is not only demoralising for patients but for staff too. In terms of the recommendation for the Committee, Ms Anna Lewis felt that assurance can be taken that discussions are ongoing in improving the metrics, and the Committee will advise Board of the position and request an update on progress in August 2024.

**Decision:** The Committee received assurance that discussions are underway to provide the impact of the TUEC programme on quality and safety outcomes through the domains of quality and will advise the Board of the current position. Progress report will be forward planned for QSEC in August 2024.

## **QSEC Public Health Update on Recent Suicide Patterns**

**(24) 29**

Mr Craig Jones presented an outcome report from suspected cluster suicides in Pembrokeshire in late 2023. Members were advised that the tragic incidents of suspected cluster suicides led to a robust partnership response from Public Health, Mental Health and Dyfed Powys Police and felt and there has been a clear drive and determination to prevent escalation of incidences. It was noted that there has been no further linked suicides.

Mr Jones highlighted an enormous amount of work undertaken, for example the development of a collaborative training strategy and work around data and surveillance and patient centered safety planning. There is now an improved prevention and bereavement support service in place and a monthly serious incident learning forum takes place. Members noted the All-Wales Suicide and Prevention and Self Harm Strategy is out for consultation.

Ms Anna Lewis thanked Mr Jones for the update and the Committee reflected on the tragedies and passed condolences to the families who have been so sadly affected.

Ms Murphy enquired whether education and schools have been included in the collaborative work. Mr Jones confirmed that schools and colleges have been actively involved and a key aspect to engage with children and young people. The team are also looking to build a robust education programme across the Hywel Dda region, similar to the programme that has been implemented in the Dyfed Drug and Alcohol service (DDAS). Mr Jones shared that the imminent All Wales Strategy will need to be instilled in to the Hywel Dda model, and there will be allocated actions and timelines. Work will also take place on an early intervention Programme which will alleviate pressure on Mental Health services.

In terms of work underway with the Police, Mr Jones highlighted that the Chief of Dyfed Powys Police is the national lead for the Drugs and Alcohol portfolio and is very proactive in trying to improve support and services in this space. In response to a query regarding any emerging areas of concern, Mr Jones advised that there has been a recent increase in deteriorating mental health for women experiencing perimenopause with some national targeted work underway to support women and a rollout of a campaign Programme.

Mrs Raynsford commented that she was not aware of the suicide cluster and asked how Board Members can support shared learning. In response Ms Rebecca Temple Purcell advised that there had been conversations regarding spikes in suicide rates via the Mental Health data sets presented to the Directorates quality and safety group meetings, however the use of the term 'cluster' was not used until this could be clarified. Ms Temple Purcell feels encouraged from the collaborative response and the next steps to instill the national Suicide Strategy, with awareness training being developed for all practitioners to recognise and learn skills to provide a compassionate response to people who are showing signs of distress. Ms Temple- Purcell commented upon the positive work undertaken by the Rapid Response team and feels this service requires ongoing investment.

Given the high number of suicide deaths reported particularly in young people, Mrs Louise O'Connor suggested that it may be helpful to have some input from the Legal Services Team around the inquest work and issues/learning that have arisen over the past number of years.

CJ

Highlighting that there has been a recent increase in suicides of neurodivergent young people, Ms Lewis pointed out the issues regarding poor access and delays for services in children and young people, and reflected on whether there is a connection in terms of the longer-term impact on mental health for this cohort of young people.

The Committee accepted the recommendation and will assure Board of the learning and partnership working. Ms Anna Lewis also shared a reminder to all that there is a suicide prevention training E-Module that is available to all.

**Decision:** The Committee received assurance from the update provided.

**QSEC (24) 30 Compliance with Additional Learning Needs (ALN) Act**

Mr Luke Jones provided an update on the developments in terms of the Health Board's compliance with the Additional Learning Needs Act, recognising that during the last meeting there was a gap in the infrastructure to evidence the compliance position. The purpose of the report, Mr Jones advised, is for the Committee to note the progress across the three counties to address a gap and there has been positive engagement and learning from other Health Boards to improve the digital infrastructure to move towards compliance. Mr Jones commented that there is still work to do in collaboration with Local Authority partners to clarify ownership of actions and activities in the plan and to develop the multi-agency governance structure.

Ms Anna Lewis thanked Mr Severs and Mr Jones for sharing the progress towards compliance with the ALN Act with the Committee, and enquired what it would take to progress towards compliance at a faster pace. In response Mr Jones noted challenges with the absence of Programme Support and also clarity in terms of the multi-agency governance structure. Mr Severs added that in the meantime meetings are taking place with Local Authority representatives. In terms of programme support, this is being addressed. Ms Jill Paterson suggested Mr Severs brings this for discussion at Integrated Executive Group.

JS

**Decision:** The Committee NOTED progress, since the first alerting to QSEC in December 2023.

- RECEIVED assurance, there is improved executive leadership relating to the ALN Act.
- RECEIVED assurance, there is improved governance which is facilitating progress Health Board compliance with its statutory duties under the ALN Act.
- RECEIVED assurance, there is ALN Steering Group Work Plan 2024/25 (draft) will enable increased oversight and monitoring of

progress by Health Board compliance with its statutory duties under the ALN Act.

**QSEC (24) 31 Corporate Risk Report- Executive Leads**

The Corporate Risk Report was shared with the Committee. In terms of new risks, Ms Anna Lewis asked for clarity on mitigations related to risk delivering effective and timely cancer service due to Aseptic Unit facilities being noncompliant with quality assurance of aseptic preparation services in Withybush Hospital. In response Ms Jill Paterson recognised that there is a risk with the fragility of the unit but it is not at a point of being removed and the risk needs to be revised. Members noted the contingency planning challenges in terms of outsourcing opportunities, and some drugs would not be transportable over longer distances. A longer-term solution to the fragility is required however Ms Paterson undertook to liaise with Mrs Rachel Williams, Head of Assurance and Risk to revise the risk narrative and take through Executive Risk Group, and potentially undertaking a Quality Impact Assessment. Ms Lewis requested an update in the next few weeks on the outcome on the risk review and will undertake Chair's Action for reporting to Board if required. Ms Lewis requested that mitigations for service continuation is included and the risks for certain cohort of patients. **JP**

In terms of Risk 1812, the Health Board failing to comply with Medical Examiners (Wales) regulations and Death Certification Reforms which are coming into force in April 2024, due to the failure to fully resource internal processes that enable the Medical Examiner Service to scrutinise all deaths from all acute sites. Mr Henwood commented that there is a solution to the process being implemented in collaboration with care and after death services.

Referring to Risk 1032, the risk to the delivery of timely diagnosis to those on the Autism Spectrum Disorder (ASD) waiting lists, and the commencement of interventions for psychological therapies within required timescales, Ms Lewis highlighted that the 1% improvement trajectory paints a picture that the demand and capacity challenges are not expected to improve. Ms Angela Lodwick provided a brief overview of the national context and what the service can realistically deliver with resources in place. With eight members of staff, there are approximately 120 diagnostic assessment referrals received each month. As part of the national initiative to address the back logs, funding has been received to outsource referrals to a private provider as part of the national three-year improvement programme. This funding is allocated annually which Ms Lodwick advised causes challenges with recruitment of permanent staff, and these challenges have been fed back to Welsh Government. Mr Carruthers added that there is a renewed focus going in to 2024/25 looking at targets and service specific performance. Following a recent discussion with the Director of Mental Health and Learning Disabilities, Mr Carruthers advised that while national work is ongoing, there are also local challenges in transition arrangements between children and young people and the adult pathways which is being looked in to.

**Decision:** The Committee received assurance that:

- All identified controls are in place and working effectively and all planned actions will be implemented within stated timescales and will reduce the risk

further and/or mitigate the impact, if the risk materialises.

Clarity was sought on '1810 - Risk to delivering effective and timely cancer service due to Aseptic Unit facilities being non-compliant with Quality Assurance of Aseptic Preparation Services' which was highlighted by the Lead Executive as requiring a review in terms of fragility of service and risk score. The Chair requested clarity in the next few weeks to determine whether this will need escalation to Board.

**QSEC  
(24)32**      **Quality Assurance Report**

Ms Cathie Steele introduced the Quality Assurance Report and highlighted a number of updates within such as the progress of the Safer Care Collaborative developments. Ms Steele also drew attention to a presentation that was recently provided to the Operational Quality, Safety and Experience Sub Committee on Nutrition and Hydration and improvement initiatives which was positively received.

Ms Ann Murphy asked that consideration is given to the impact of moving to digital menus across Health Board sites which can be time consuming for housekeeping and nursing staff if patients are not digitally enabled. Ms Murphy also raised an issue arising at a walk around, that the cook/chill system appears to be causing issues as housekeeping staff are reporting they do not have sufficient training to manage the system e.g. they are getting burnt. Ms Steele undertook to feed this back to the Chair of the Nutrition and Hydration group for a response.

**CS**

Mrs Raynsford sought clarity on the next steps in terms of WHC: 1615 - Risk of Children and Young People with continence problems not receiving containment products or service required due to lack of cohesive service. In response Mrs Wilson will seek an update from Women's and Children's Services as implementation date has not been provided.

**JW/ CS**

Ms Lewis commented that it is helpful to see the WHC updates within the report and the Committee will welcome this more regularly, however raised that there are at least three WHC's where barriers to progress are financial. Ms Lewis asked that the decision-making process and potentially a quality impact assessment is undertaken and included for clarity.

**CS/RW**

**Decision:** The Quality, Safety and Experience Committee received assurance that processes, including the Listening and Learning Sub Committee, are in place to review, manage and monitor:

- Patient safety incidents including a focus on falls prevention.
- Nationally reported patient safety incidents
- Duty of Candour  
Infection, prevention and control
- Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)

With regards to the management of WHCs particularly in respect of understanding when the WHC will be delivered, barriers to delivery, impacts of non/late delivery and assurance that the risks associated with

these are being managed effectively limited assurance was received and further information required as detailed above.

**QSEC 24(33) Operational Quality, Safety and Experience Sub Committee**

Ms Cathie Steele presented the Operational Quality, Safety Sub Committee update report and drew attention to the main risks which were discussed at the meeting which are included on page 4 of the report.

Referring to the Resuscitation and Acute Deterioration Group update and the exploration of rolling out life support training to staff who normally may not receive training, Ms Murphy pointed out the current capacity challenges within the training team. Ms Murphy also sought clarity on the definition of the term 'patient deconditioning'. In response, Ms Morgan explained that deconditioning refers to medically optimised patients who may not be receiving the physiotherapy or occupational therapy are at risk of deconditioning if they do not maintain level of activity and highlighted the importance of keeping active until point of discharge.

Referring to concerns raised regarding the Glangwili Hospital cleaning pilot which has recently come to an end, Mr Murphy sought clarity on why the decision has been made to not continue this as the pilot received positive outcomes. Ms Morgan explained that the pilot was commissioned following concerns relating to standards of cleanliness at the hospital, which changed the staffing model and did have a positive impact. Mrs Wilson and Ms Morgan undertook to clarify the situation in terms of the paper that was prepared for Executive Team to provide an update on next steps.

**OM/  
JW**

Mrs Raynsford asked for an update on the workforce challenges highlighted in sonography services within the report. In response, Mr Carruthers explained that the workforce challenges continue, with the service being supported via outsourcing. Additional planned care funding will continue to support and there is work underway to develop existing internal workforce to support this service.

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

**QSEC (24) 34 Listening and Learning Sub Committee Update Report**

Mrs Louise O'Connor presented the Listening and Learning Sub Committee update report and shared the Patient Experience Charter booklet for information. Members noted that there will be a soft launch for the Charter Standard Operating Procedure and booklet with key stakeholders during Patient Experience Week.

Mrs O'Connor reminded Members regarding the Putting Things Right consultation underway. The link to the consultation is included within the report and Mrs O'Connor invited Members to get in touch with any questions.

**Decision:** The Committee received assurance from the Listening and Learning Sub Committee Update report.

**QSEC (24) 35 Nurse Staffing Levels (Wales) Act (NSLWA) Assurance Report**

Ms Helen Humphreys presented the Nurse Staffing Levels report and highlighted to Members that Section 25E requirements have set out that Health Boards will report their compliance in maintaining the nurse staffing level for all wards to which Section 25B is in place. The Health Board must submit a three-yearly report to Welsh Government, the first of which will cover the period 6 April 2018 to 5 April 2021. To achieve this three-year report, the Health Board has required that an annual report is presented to the Board outlining compliance with the NSLWA, any impact upon the quality of care where the nurse staffing level was not maintained, and the actions taken in response to this.

Members noted that to align with patient safety incident reporting to Welsh Government all future reports will provide closed patient safety incidents which have been validated with a reportable level of harm according to the Duty of Candour requirements and advise whether the nurse staffing levels have contributed to the incident.

**Decision:** The Committee received assurance from the three-year assurance report for 2021-24 as a source of assurance that the necessary processes and reviews have been enacted to enable the Health Board to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016 before the caveated report is submitted to Welsh Government in May 2024

**QSEC (24) 36 Quality and Safety Impact of Reinforced Aerated Autoclave Concrete (RAAC) Major Incident at Withybush Hospital**

The Quality and Safety impact of the Reinforced, Aerated, Autoclave Concrete Major Incident was presented to the Committee. Ms Anna Lewis observed from the report that the impact of RAAC was managed well and the impact on the services set out in the slides were seemingly short lived. The report however raised concerns for Ms Lewis in terms of the baseline data for thrombolysis in stroke patients which highlighted that improvements are required in the stroke pathway and suggested that a deep dive in to this area is forward planned on the Committee work programme. In agreement, Mr Carruthers also added that the update provides the impact on inpatient services and another piece of work may be helpful on outpatients and elective care services and therapies for the next meeting which can include patient feedback.

**AC**

**Decision:** The Committee received assurance on the impact of RAAC on the services within the report, however the update highlights a wider issue with thrombolysis performance within the stroke pathway and baseline data. A service specific report was requested for the meeting in August 2024.

It was also agreed by the Committee that a report on the impact of RAAC

on outpatient and therapy services will be forward planned for the August meeting.

**QSEC (24) 37 NHS Executive Review of Neurodevelopmental Service and Psychological Therapies for Children and Young People**

Ms Angela Lodwick presented an update on the action plan developments in response to the NHS Executive Reviews of Neurodevelopment services Psychological Therapies Services for children and young people which are on track. Members were pleased to note the joint working between Specialist Child and Adolescent Mental Health Services and Paediatric Services has been positive and allowed for open and honest discussions around potential savings and streamlining pathways. Ms Lodwick commended 9000 staff who have completed the E-Learning Module for Understanding Autism.

In terms of the funding position, Ms Lewis enquired where the funding discussions are taking place and the spending plans and asked whether an equality impact assessment has taken place for that. In response Mr Carruthers advised that there has, and there has been limited funding from Welsh Government during the last year and the Directorate have redirected resources to support capacity. Mr Carruthers also raised that there is a growing number of staff leaving posts in the NHS to join private services in light of the growing demand. Mr Carruthers raised that challenges raised are being faced nationally.

In light of the growing risk that the quality impact on children and young people is becoming normalised, Ms Lewis emphasised the need to clearly articulate this to Welsh Government. Assurance was received by the Committee and an update report will be scheduled as part of the forward work plan 2024/25.

**AL/ LH**

**Decision:** The Committee received assurance on progress to date in respect of the implementation of the recommendations as outlined in the Action Plan.

**QSEC (24) 38 Getting it Right First Time (GIRFT) report on General Surgery**

Ms Caroline Lewis provided an update on the Getting it Right First-time recommendations for General Surgery contained within the report, highlighting that the improvement work has been completed.

Mrs Raynsford raised concern with the language used within the report, and the reference to the high number of 30-day mortality rates which could be alarming to read. In response Mr Henwood explained that this reference was due to an exceptional case of a lack of engagement with Audit process at one of the Health Board's sites where the required data was not collated. There is now a robust process in place which is being monitored via the Business Management meetings.

Ms Caroline Lewis provided an overview of the status of the work underway to progress the recommendations. With regards to the time scales in the report, Mrs Wilson highlighted that the Committee are unable

to take full assurance as the actions for some of the recommendations have not been updated in line with the timelines, and the narrative column needs updating on what has been completed.

Recognising that the action log needs to be updated, the Committee were content that the work in response to the GIRFT recommendations are on track.

**Decision:** The Committee received assurance that work is in progress to address recommendations from GIRFT report, with an action for the team to update the narrative in the column on the progress of actions.

**QSEC (24) 39 GIRFT Report on Orthopaedic Surgery**

The Committee received an update on the GIRFT report on Orthopaedic Surgery from Ms Lydia Davies who advised that six recommendations remain in amber and noted that these are unfortunately not within the gift of the department to address. Ms Lydia Davies updated the Committee that pre-assessment services are being reviewed nationally, and regional collaboration opportunities are being explored with Swansea Bay to ensure patient flow works as best as possible. Members noted that the introduction of a three session, six days a week revised service model is underway which is reliant on additional funding from the Health Board to address the waiting times. Ms Davies advised that pre COVID-19 level number of sessions have been reinstated at Prince Philip Hospital and Bronglais Hospital are fully operational.

In terms of GIRFT action plan reporting, Ms Anna Lewis enquired whether there is a way to standardise the format of reporting. Mrs Wilson confirmed that this is being reviewed in light of the revised governance structure under Professor Kloer's leadership as interim Chief Executive Officer. Mrs Sharon Daniel provided positive feedback in terms of the report being written according to the STEEEP principles and felt it will be useful to continue this with the action plan standardisation.

**JW**

**Decision:** The Committee received assurance that progress is being achieved against the recommendations, and further work is in development.

**QSEC (24) 40 Planning Objective 3b Closure Report**

The Committee received and approved the Closure Report for Planning Objective 3b.

**Decision:** The Committee received assurance on the progress of the Planning Objectives aligned to the Committee.

## Operational Group Update Reports

### **QSEC Infection, Prevention and Control Steering Group (24) 41**

Providing the key headlines from the Infection, Prevention and Control Steering Group, Mrs Frances Howells advised that the summary of the cleaning pilot at Glangwili Hospital is shared within the report, and provided an overview of the work underway on validating the hand hygiene audits within the Infection, Prevention and Control team. Members were pleased to note the quality improvement actions undertaken to improve hand hygiene across the organisation. Engagement activity has taken place with staff at particular hot spots to try and ascertain why compliance is challenging, with themes including 'time constraints, prompts and accessibility of products' fed back with opportunities to address these themes undertaken by the Quality Improvement team.

Members noted the national reset agreed for the Synbiotics scoring system due to anomalies with the scores being reported nationally.

**Decision:** The Committee received assurance from the report and noted the 10% reduction in CDI and supports the approach to improve hand hygiene across the organisation.

### **QSEC For Information (24) 42**

- **Patient Experience Report**
- **QSEC Work Plan 2024-25**
- **Welsh Government Integrated Quality, Planning and Delivery minutes**

**Date of Next Meeting : 11 June 2024**