

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

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

Present: Anna Lewis (Independent Board Member and Chair)  
Eleanor Marks (Hywel Dda UHB Vice Chair)  
Sarah Harraway (Hywel Dda UHB - Independent Board Member)  
Chantal Patel (Hywel Dda UHB - Independent Board Member)  
Michael Imperato (Hywel Dda UHB - Independent Board Member)

In Attendance: Amanda Davies (Head of Service, Adult Mental Health) (part)  
Andrew Carruthers (Chief Operating Officer)  
Ardiana Gjini (Executive Director of Public Health)  
Carly Hill (Assistant Director) deputising for Mr Mark Henwood, Executive Medical Director  
Caroline Burgin (Patient Safety and Assurance Manager)  
Cathie Steele (Interim Assistant Director of Nursing Assurance and Safeguarding)  
Cerian Llewellyn (Interim Head of Midwifery) (part)  
Donna Major (Junior Sister) (part)  
Gareth Cottrell (Deputy Chief Operating Officer)  
Jill Paterson (Director of Primary Care, Community and Long Term Care)  
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)  
Jonathan Arthur (Hywel Dda UHB - Deputy Director of Health Sciences)  
Katie Lewis (Hywel Dda UHB - Committee Services Officer)  
Louisa Standeven (Hywel Dda UHB - Interim Deputy Head of Nursing) (part)  
Louise O'Connor (Assistant Director)  
Mwape Burke (Aspiring Board Member)  
Olwen Morgan (Assistant Director of Nursing)  
Paula Goode (Service Director for Planned and Specialist Care)  
Rebecca Richards (Head of infection prevention)  
Sarah Williams (Senior Nurse Medicine) (part)  
Sharon Daniel (Executive Director of Nursing, Quality & Patient Experience)  
Stephanie Hire, Programme Lead - Transformation Planned Care (part)  
Thomas Alexander (Principal Programme Manager) (part)

Apologies: Mr James Severs (Executive Director of Allied Health Professions and Health Science), Mark Henwood (Executive Medical Director), Dr Subhamay Ghosh, Associate Medical Director, Quality and Safety

<b>Minutes Ref.</b>	<b>Item</b>	<b>Action</b>
QSEC 25 (54)	<b>Declarations of Interest</b> There were no declarations of interest.	

QSEC 25 (55)

### **Minutes from the Previous Meeting, Table of Actions and Matters Arising**

In terms of matters arising, the Committee was reminded of the statutory governance requirement that all papers must be circulated at least one week in advance of meetings. It was noted with concern that a key paper had not been shared until the day before the meeting, which does not meet the expected standards of governance.

The Chair, Mrs Anna Lewis, noted after a brief discussion with colleagues that a combination of factors contributed to this situation. However, the Committee emphasised that such delays must not happen again. Consequently, it was agreed to defer the paper, to allow the Clinical Care Group sufficient time to prepare a report that accurately reflects the significant work being undertaken by the team.

The Chair proposed that a piece of work be commissioned to review and clarify guidelines or requirements for the quality and timeliness of reports submitted to the Committee, to support consistency going forward. It was agreed that going forward late papers would be escalated to the Board via the Board update report.

**SD/ JW**

**QSEC 25 (45) To consider analysis on why the patient experience feedback from ethnic groups varies from other groups in the patient feedback by demographic data:** In response to the action, Mrs O'Connor informed the Committee that the feedback currently available from the Patient Experience System is limited to the information input directly by patients. However, the Equality and Diversity Team is undertaking a series of community engagement events. It has been agreed that additional questions will be incorporated into these events to capture further feedback relating to the experiences of care and related concepts. The outcomes of this engagement will be reported back to the Committee at the next meeting.

**LOC**

**Decision:** The minutes of the meeting that was held on 14 August were approved as an accurate record.

QSEC 25 (56)

### **Targeted Intervention Progress Report**

Mrs Sharon Daniel presented key highlights from the Targeted Intervention progress report. The Committee was alerted to the following:

- Challenges persist in maintaining targets set for reducing hospital onset infections, particularly S. Aureus and E-Coli and management of root causes.
- In terms of the concerns stated in the report regarding external regulatory compliance, a meeting was held with Vanessa Davies, the Health Inspectorate Wales (HIW) engagement link last year, who advised that HIW had intended to undertake an

increased number of visits as part of a revised approach. Five visits have already been undertaken this year. The Health Board continues to maintain a structured relationship with HIW, and recent changes to HIW's relationship management approach will be discussed further by Executives and Independent Members in due course.

Ms Sarah Harraway raised concern regarding the rate of complaint closures within community settings, noting that only 40% of complaints are being closed within 30 days by the Health Board. Ms Harraway queried whether this is due to lack of resource, complexity of complaints, or a combination of both.

In response, Mrs O'Connor acknowledged the concern and noted that discussions are ongoing across Wales in relation to the forthcoming Listening to People Regulations. Mrs O'Connor explained that these performance metrics do not currently take into account the quality of complaint responses. While the Health Board endeavours to respond to complaints within 30 days wherever possible, Mrs O'Connor clarified that complaints concerning the quality of care often require a legal determination of liability. Such investigations are complex and, as a result, are unlikely to be resolved within the 30-day timeframe.

Mrs O'Connor further noted that work is progressing with the Patient Advice and Liaison Service to develop a more proactive approach to manage complaints. A number of complaints are currently progressing through formal processes, despite the potential for resolution through alternative, less formal means. All-Wales workshops are taking place to discuss the appropriate metrics and an update will be provided to Committee on the outcome and next steps.

Mrs O'Connor reported that as highlighted in the recent Ombudsman Report, the Health Board is performing ahead of other Health Board's in its response to, and evidence of, compliance with regulations on patient engagement and feedback. She agreed to provide further detail on key improvement and developments in relation to the revised regulations at the next meeting, within the context of the Quality Assurance Report.

**LOC**

Mrs O'Connor noted that further support is required in triangulating data, as current mechanisms are insufficient to fully meet the organisations reporting needs. This remains an area for development both locally and across Wales under the Once for Wales service initiative.

The Committee were further advised that a number of surveys developed through the CIVICA programme are informing Welsh Government policy, and benchmarking activities are ongoing. However, Mrs O'Connor acknowledged that substantial work remains in the area of complaints handling.

Additionally, Mrs O'Connor noted that the Welsh Risk Pool is providing valuable support in relation to the All-Wales Learning from Events framework and agreed to include further information on emerging themes and trends on a national level as part of the next update within the routine Quality Assurance Report.

**LOC**

Mrs Anna Lewis highlighted the importance of triangulating information and technology as a key consideration for the Health Board moving forward. She noted that further work is required on how reports are framed within the organisation. Mrs Lewis observed that while there is a wealth of information available across the Health Board, covering areas such as patient experience, finance and performance, careful consideration is needed regarding how this information is presented publicly through the website and how reporting can better reflect the perspective of patient feedback and what is being done in response.

Mrs Lewis queried whether the current 'enhanced dialogue' arrangements between the Health Board and HIW, designed to strengthen relationships, will continue or if the Health Board plans to move towards a less enhanced approach. In response, Mrs Daniel clarified, from a process perspective, engagement meetings with HIW are ongoing. These meetings take place every four months, in addition to biannual meetings involving the Chair and Chief Executive. While a breadth of engagement continues, the proposed frequency of meetings has been reduced. It was further noted that the Quality Assurance Team maintains regular contact with HIW.

Mrs Daniel also advised that HIW is recruiting new inspectors, which is expected to result in an increase in inspections and reports, helping to identify recurring issues for targeted improvements. Mrs Lewis further enquired whether any internal inspections or spot checks are being undertaken to identify issues prior to formal inspections taking place. In response, Ms Cathie Steele confirmed this is an area currently being explored by the Quality Assurance Team. She also noted the intention to involve the Patient Experience Team in the process, to support the proactive gathering of patient feedback.

Referring to the report's update on incidents, which notes that incident trends have stabilised between 120 and 200 a month, Mrs Lewis expressed concern regarding the significant gap between the highest and lowest figures. She queried whether this should be considered a stabilisation or whether the margin was too broad to support such a conclusion. Ms Lewis requested a review of the language used in the report and suggested that incorporating a Statistical Process Control (SPC) chart could provide more meaningful insights.

**SA**

Mrs Daniel agreed and emphasised the importance of not only reporting incidents but also applying thematic learning to address the root causes. She advised that the Clinical Care Groups are

establishing learning groups to identify themes and develop actions to support quality improvement. Mrs Lewis welcomed this approach and noted that it would be helpful for future reports to provide further detail on these developments.

Mrs Lewis questioned the reliability of the reported low C-Diff case numbers noting a previous Committee discussion on this issue. She also queried whether the reported reduction in August 2025 could be attributed to Health Board actions, or random variation.

In response, Mrs Daniel explained that the increase in cases observed in May and June 2025 was linked to a Norovirus outbreak, which led to increased testing and, consequently, higher case reporting. She also noted that the data demonstrated a seasonal pattern. Furthermore, she advised that a national review of C-Diff improvement strategies is currently underway across Wales.

Mrs Lewis requested an epidemiological perspective on the matter and queried whether their targets would align with Welsh Government standards or follow a different approach. Mrs Lewis expressed interest in a professional view on this issue. Ms Steele agreed to raise this matter at the Infection Prevention and Control Steering Group, where appropriate clinical and professional input could be sought.

**CS**

**Decision:** The Committee received assurance from the TI Progress Report.

QSEC 25 (57)

### **Assurance and Risk Report- Executive Leads**

Mrs Joanne Wilson presented the Operational and Principal Risk report. It was noted that the Corporate Risk report will be presented at the next meeting on a rotational basis. A significant number of operational risks are aligned to the Committee, however Mrs Wilson advised that these are managed at Clinical Care Group (CCG) level. Ongoing audits and inspections have been shared with the Committee.

Mrs Lewis asked Members to reflect on how the Committee can effectively manage the scrutiny of such a significant number of risks, even with the assurance that these are being monitored at CCG level. Mrs Wilson proposed further discussions take place to explore an approach for QSEC to manage these risks.

Mrs Lewis recommended mapping the 32 extreme risks against Committee agendas from the past six months to identify any potential gaps in reporting.

**JW**

Referring to Risk 1290, and the increase in ADHD referrals and associate waiting times, Ms Harraway reflected on a recent discussion with the Children's Community Lead Nurse, during which it was indicated that there may be a delay between the transition from children's to adult services. Ms Harraway

expressed concern about the potential lack of support and access to medication for young people during this period and queried whether this is standard practice.

Mr Andrew Carruthers acknowledged the historical operational challenges associated with service transitions and confirmed that discussions are ongoing to improve collaboration between community, paediatric and mental health services to facilitate smoother transitions. He highlighted that challenges stem primarily from waiting times and capacity within adult services post-referral, rather than from any formal delay in the process.

Dr Ardiana Gjini provided some reassurance that this challenge has been recognised within the Health Boards Annual Report and recommendations and an action plan are in place through the Children and Young People Group to improve transition arrangements.

Ms Harraway suggested engaging with relevant teams, as there is a perception of formal delays. Mrs Lewis recommended clarifying whether this delay is due to protocol or capacity challenges and how the associated risk is being mitigated. Mrs Daniel proposed that this matter is explored further through a deep dive within the Quality and Safety Intelligence Group, with findings to be reported back at a future meeting.

**SD**

The Committee requested that the Executive Team, in advance of the Board meeting in November 2025, reflect on whether the current scoring would remain the same if the report were assessed from an impact-based perspective rather than a process-based one.

**E.T**

**Decision:** The Committee received assurance from the Assurance and Risk report.

QSEC 25 (58)

### **Cadog Ward Frailty Unit Nurse Staffing Presentation**

Ms Sarah Williams and Ms Donna Major joined the meeting to provide an update on the recent changes implemented on Cadog Ward at Glangwili Hospital.

It was noted that on 13 May 2024, A Frailty Assessment Unit was established, and the new frailty pathway became operational, as a result, the Cadog Ward transitioned from a 20 bedded frailty ward to a reconfigured model consisting of a six-bed assessment unit and 14 short stay frailty beds. This also included the implementation of a pathway to support patients requiring longer term frailty care.

Ms Williams reported that the unit has benefited from a strong visual leadership presence, which has contributed to improved patient safety and more appropriate care. The changes have led to a reduced need for enhanced patient support and improved

overall patient outcomes. The Critical Care Outreach Team has provided valuable support and staff training.

It was highlighted that a 'Bay Watch' initiative has been introduced, which has contributed to a reduction in patient falls. There has been a significant decrease in the use of agency and bank nursing staff, with all staffing groups now fully recruited.

Ms Major further shared that the team is progressing a new pathway to support student nurses, particularly those with additional learning needs, to integrate into the workforce. This initiative has had early success. Additionally, the ward is running a successful apprenticeship programme.

The visual leadership model on the ward has been credited with supporting the early resolution of concerns and contributes to the overall success of the new model of care.

Mrs Lewis thanked Ms Williams and Ms Major for their presentation and referring to the incident and falls data, queried how the learning from this work could be shared across the wider organisation. In agreement, Mrs Daniel noted that Ms Helen Humphreys is leading on an All-Wales initiative regarding multi-disciplinary working and suggested that the examples presented today be included as part of the work.

The Chair, on behalf of the Committee, thanked Ms Williams and Ms Major for attending the meeting and for highlighting the multi-disciplinary nature of their work, which was recognised as particularly valuable. The Committee acknowledged the significant role that nurses play in patient care, noting that they are often the face of the organisation for patients and families.

In a context where attention is frequently drawn to challenges and areas for improvement, the Committee expressed appreciation for the excellent practice demonstrated, and commended both Ms Williams and Ms Major for their leadership and positive impact on patients and their families.

**Decision:** The Committee received assurance from the Cadog Ward Frailty Unit Nurse Staffing Presentation.

QSEC 25 (59)

### **Nurse Staffing Levels (Wales) Act Report and Impact of Reduction of Agency and Bank Staff on quality, safety and patient experience**

Ms Helen Humphreys presented the key updates from the report and offered her apologies to Mrs Daniel for an error in Mrs Daniel title.

The report outlined the work undertaken over the last 12 – 18 months to assess the impact of the reduction in agency and bank staff on patient outcomes. An update on this work was previously provided to the People, Organisational Development and Culture Committee in October 2024 and monitoring in this area is ongoing.

The data presented in the report focused on the Community and Integrated Medicine Care Group, Planned and Specialist Care, and Mental Health and Learning Disabilities, as these areas have historically had higher usage of bank and agency staff. The analysis is intended to evaluate the impact of reduced reliance on temporary staffing.

Key quality measures monitored in the report include incidents of pressure damage, patient falls and medication errors. The data suggests an overall improvement in patient outcomes. While this improvement is attributable in part to the increased use of substantive staff- leading to greater continuity of care- it was acknowledged that other factors, such as targeted work to reduce pressure damage have also contributed. For example, recent work related to the Duty of Candour has included a specific focus on pressure damage and associated improvements.

Ms Humphreys further noted that although the increased number of substantive staff has contributed to a reduction in vacancy rates, it is recognised that some clinical areas now have a greater proportion of newly registered and inexperienced nurses. She emphasised that additional support will be required to help those newly registered and less experienced nurses fully integrate into their professional roles.

Mrs Patel sought clarification on the term 'adverse incidents' as presented in the report and questioned the basis for concluding there was 'no impact on patients'. She also noted previous concerns about staff reluctance to report incidents and enquired whether complaints data is triangulated as part of the process.

In response, Ms Humphreys confirmed that triangulation is undertaken during reviews and includes complaints, ward audit data results, and infection and prevention control incidents. It was clarified that adverse incidents refer to incidents of avoidable harm to patients, such as pressure damage or falls, classified as moderate harm or above.

Mrs Daniel explained that historical trends in incidents such as falls, pressure damage, and medication errors had been reviewed, and no significant increase had been observed since the reduction in temporary staffing.

Mrs Olwen Morgan acknowledged Mrs Patel's comments and noted that while no increase in reportable adverse incidents was identified, the reduction in clinical capacity may be impacting other areas, which are not measured by existing metrics.

Mrs Lewis highlighted previous staff survey findings showing concerns about psychological safety in reporting incidents and noted the importance of reviewing the results from the latest staff survey to assess improvement. Ms Eleanor Marks noted that despite supportive measures the issue is cultural rather than

procedural and although this lies within the remit of the People, Organisational Development and Culture Committee (PODCC). She stressed that both Committees have a role in the monitoring progress and would expect to see actions to address the cultural change.

Mrs Lewis suggested it would be beneficial for QSEC or PODCC to receive an outcome of the mitigations undertaken by management following the results of the most recent staff survey.

SD

In agreement, Ms Marks acknowledged the positive steps being taken to support staff in reporting incidents, however noted this appears to be a broader cultural issue. Ms Marks recommended that the PODCC review the actions taken as part of the cultural improvement plan.

**Decision:** The Committee received assurance that a review of the reduction of agency and bank staff initiative has not identified any adverse impact on the quality, safety, or experience outcomes of patients, however, this will continue to be closely monitored.

QSEC 25 (60)

### **Clinical Governance Arrangements – National Outpatients Plan Programme - Planned and Specialist Care Clinical Care Group**

The Planned and Specialist Care Clinical Care Group update was deferred.

Ms Stephanie Hire joined the meeting to present the accompanying report which details the clinical governance arrangements in place within the first Outpatient Plan programme as part of the Welsh Government's commitment to reduce the planned care waiting list by 200,000 by March 2026, NHS Wales is implementing a national programme focused on accelerating access to first outpatient appointments. The Health Board's allocation within this programme is approximately 13,000 outpatient appointments. The insourcing company that has been awarded the contract to delivery these outpatient appointments is HBSUK.

Ms Lewis raised a query regarding the significant additional workload undertaken by the team, specifically enquiring to which activities have been deprioritised as a result. In response, Ms Hire advised that £200,000 in funding has been secured to support the programme, which has enabled the recruitment of a project manager and 3.5 whole time equivalent (WTE) staff. Despite this, she noted there has been a recent impact on the work for the Health Board's IT team due to increased technical support demands. Ms Hire also highlighted ongoing challenges with incomplete data submissions from HBSUK team which have been escalated at a national level.

Mr Carruthers reflected upon the programme, observing that while it enables patients to be seen more quickly, they are subsequently

transferred to treatment services waiting lists. He noted positively that the clinic has recorded a 1.5% 'Did Not Attend' (DNA) rate, indicating strong patient engagement, and suggested there may be learning to take from this. However, concerns were raised regarding the potential impact of the programme on the availability of bank staff for other services.

**Decision:** The Committee received assurance from the governance arrangements in place from the National First Outpatients Service.

QSEC 25 (61)

### **Unscheduled Care Deep Dive - Six Goals and Accelerated Transformation Programme**

Ms Louisa Standeven joined to provide the key highlights from the Unscheduled and Emergency Care Programme Update including the following:

- The Community and Integrated Care Group remain at Level 3 internal escalation status. Analysis of recent incident reports and early data indicates a reduction in Emergency Department (ED) incidents and complaints within the latest reporting period.
- Positive developments have been noted following the Getting it Right First Time 'GIRFT' follow up review at Glangwili Hospital (GGH) ED particularly in relation to environmental improvements.
- Despite some progress, performance against ambulance handover targets in September 2025 remains a concern, with a significant proportion of patients waiting more than 12 hours. The next area of focus will be to support the improvement of patient flow through the system.
- A detailed improvement plan has been developed in response to HIW inspection of GGH ED, which took place on 2 and 3 September 2025.

Mrs Daniel highlighted that current performance metrics are largely time focussed, and there is a recognised need to transition towards outcome focused indicators. Appreciation was expressed to Ms Standeven for her ongoing commitment in delivering improvements in the 'Care after Death' service, noting that the family support room has been significantly refurbished, resulting in a much-improved environment.

While improvements in timeliness of patient care were noted, Mr Carruthers cautioned creating the impression that challenges within urgent and emergency care have been fully resolved. He emphasised that the larger strategic programme of work is still required to address system wide challenges. It was further noted that improvements in urgent and emergency care have in some cases exerted pressure on areas of the system. Mitigating these

associated risks will form a key area of work for clinical executives as part of the next steps.

The improvements achieved to date has come at a considerable cost to staff, particularly in terms of their personal time. A key learning point identified is the need to move towards a sustainable 7-day service model, incorporating a streaming hub and rapid community response services. There is strong commitment and momentum to drive this transition forward.

**Decision:** The Committee received assurance from the quality governance arrangements in place within the Unscheduled Care Deep Dive - Six Goals and Accelerated Transformation Programme in relation to quality, safety and patient experience.

QSEC 25 (62)

### **Public Interest Report- Verbal**

Mrs Daniel provided a verbal update on the Public Interest Report issued in relation to the Health Board's failure to provide ongoing specialist care for epilepsy for patients with a learning disability, following the cessation of the dedicated service in June 2021. The report outlines the significant impact on patients' complex needs and their carers, noting that, four years on, a clear pathway to specialist care has not been implemented.

A written apology has been issued to the affected families relating to poor communication. The report includes a number of recommendations, and in response an action plan has been developed with defined timescales. Progress will be monitored through the Health Board's internal governance processes.

Mrs Daniel proposed that the Committee receive a further update in February 2026, following the report to Public Board in November 2025. This was agreed by the Committee.

**AC/  
LC/  
RTP**

**Decision:** The Committee noted the verbal update on the Public Interest Report.

QSEC 25 (63)

### **Quality Assurance Report**

Ms Steele presented the key highlights from the Quality Assurance Report and noted that many routine updates had been addressed under other agenda items. However, drew attention to recent HIW reports which required immediate assurance following inspections. In response, significant work is being undertaken by Heads of Nursing and the senior team to implement improvements including spot checks. Ongoing learning and monitoring of related actions plans are being managed through the Health Board's internal governance processes.

The Committee noted the inclusion of the Public Services Ombudsman of Wales (PSOW) report. It was reported that in 2024-25, Hywel Dda's intervention rate for complaints was 33%, a

slight decrease from the previous year. However, the overall complaints rate remained above average.

The Committee held a discussion on the role and accountability of leadership within the Health Board in upholding standards of quality, safety and patient experience.

**Decision:** The Committee took assurance that processes are in place to review, monitor and improve the quality of Health Board services as outlined within the Quality Assurance Report.

QSEC 25 (64)

### **Criteria 2 Quality Impact Assessment Related Planning**

Mrs Daniel presented an overview of the proposed process for assessing the impact of savings schemes being progressed under Criteria 2. Mrs Lewis suggested that the assessment approach should align with the process previously undertaken for 'Category 1' savings schemes. This would include the development of a summary slide outlining the impact of each proposal, following discussion at the Quality, Impact Assessment Panel.

**SD**

Mrs Lewis understands that a Finance and Performance Committee review each of the proposals in detail. This approach was supported by the Committee.

**Decision:** The Committee noted the process for assessing the quality impact of the proposed saving schemes and received assurance that any changes being considered have appropriate governance, scrutiny and mitigation arrangements in place.

QSEC 25 (65)

### **Temporary Service Changes in Ceredigion Community Mental Health Team**

Ms Amanda Davies presented key updates following the temporary service changes to the community mental health pathways in Ceredigion. The update intends to provide assurance that there has been no adverse impact on patients accessing the service, ahead of seeking Board approval in November 2025 for a more sustainable long term proposal.

Ms Davies noted that, in response to GP feedback, an enhanced patient pathway has been implemented via the NHS '111' telephone service.

Mrs Lewis raised concerns about an apparent discrepancy in the report, which notes an increase in hospital admissions, while also stating there has been no impact on patients. She asked for clarification on how these statements align. In response, Ms Davies explained that while there has been no evident change in the number of referrals to the service, a localised increase in hospital admissions has been observed. Ms Lewis requested that this be explored further ahead of the November 2025 Board meeting.

**AD**

Miss Jill Patterson highlighted that some GP's have reported feeling disengaged from the service changes, a concern previously raised with the Associate Medical Director, Mental Health and Learning Disabilities following the last Public Board meeting. Ms Davies provided assurance that a face-to-face meeting has been arranged with local GP's to gather their views. Clarity on the consultation feedback from Local GP's on the impact of the changes will be included in the report for Public Board in November 2025.

**Decision:** The Committee received assurance from the content of the Temporary Service Changes in Ceredigion Community Mental Health Team Report.

QSEC 25 (66)

### **Occupational Therapies Paediatric Improvement Action Plan**

Ms Sara Quarrie provided an update on the action plan addressing waiting times within Paediatric Occupational Therapy service, as outlined in the accompanying report.

Ms Harraway expressed interest in the evaluation tool referenced within the report, and the additional service capacity it has enabled. Ms Quarrie advised that this tool was informed by learning from another Health Board's activity and agreed to discuss the details further with Ms Harraway outside of the meeting.

SQ

The Committee noted the limited progress on the action plan since previously reported. Ms Quarrie explained that staff absences had contributed to delays and that a targeted piece of work had been undertaken to assess the current demand and capacity position. She emphasised that this remains a priority and confirmed her willingness to provide a further update at a future Committee meeting, as appropriate.

It was agreed to advise the Board that limited assurance was received on the progress made to date.

**Decision:** The Committee received limited assurance from the progress made on the Occupational Therapies Paediatric Improvement Action Plan, aimed at developing a future delivery model that achieves sustained improvement and reduces waiting times for all children to below the 14 week target.

QSEC 25 (67)

### **Maternity and Neonatal Assessment**

Ms Cerian Llewellyn provided an update on the All Wales National Assessment of Maternity and Neonatal Services and recommendations. The methodology being applied aligns to approach previously implemented within the Swansea Bay

University Health Board. This approach has enabled the Health Board to conduct a detailed benchmarking exercise and to identify two key areas for prioritisation including service user engagement. Mrs O'Connor and the Patient Experience Team were formally thanked for their valuable support in this area for perinatal services.

It is anticipated that the Cabinet Secretary will require an update on the progress of the recommendations arising from the assessments at the end of November 2025.

**Decision:** The Committee received assurance from the steps taken to assess the safety and quality of services in light of the findings from the Independent Review of Maternity and Neonatal Services at Swansea Bay University Health Board.

QSEC 25 (68)

### **Listening and Learning Sub Committee Update Report**

The Committee was informed that, as the next meeting is scheduled for 10 November 2025, no update is currently available.

#### **For Information**

- **QSEC Work Plan 2025-26**
- **Date of Next Meeting : 4 December 2025**