

**COFNODION CYMERADWYO O GYFARFOD Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD**  
**APPROVED MINUTES OF THE**  
**QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC) MEETING**

<b>Date and Time of Meeting:</b>	9:30am, 11 April 2023
<b>Venue:</b>	Boardroom, Ystwyth Building/ MS Teams

<b>Present:</b>	Ms Anna Lewis, Independent Member (Committee Chair) Mrs Judith Hardisty, Independent Member and UHB Vice Chair Ms Ann Murphy, Independent Member Mrs Delyth Raynsford, Independent Member (Committee Vice Chair)
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (Lead Executive) Professor Philip Kloer, Medical Director and Deputy Chief Executive Officer Ms Helen Williams, Llais Cymru Ms Alison Shakeshaft, Executive Director of Therapies and Health Science Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety Mr Andrew Carruthers, Director of Operations Mr William Oliver, Assistant Director of Therapies and Health Science Mrs Joanne Wilson, Board Secretary Mrs Louise O'Connor, Assistant Director, Legal Services/Patient Experience Ms Bethan Lewis, Assistant Director of Public Health Ms Claire Jones, Weight Management Clinical Pathway Lead Ms Sharon Daniel, Assistant Director of Nursing (Part) Ms Nerys Lewis, Senior Nurse Manager, Unscheduled Care (Part) Ms Caroline Burgin, Patient Safety and Assurance Manager Ms Liz Wilson, Senior Nurse, Community Health Visiting Mr Steven Hughes, Deprivation of Liberty Safeguards Co-Ordinator Mr Rhodri Evans, Independent Member (Observing) Ms Katie Lewis, Committee Services Officer (Minutes)

<b>QSEC (23)01</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting, and recorded the Committee's thanks to Mr Paul Newman who has recently ended his role as Independent Member for the Health Board. Mr Newman's valuable contribution to the quality, safety and experience agenda will be sorely missed.	
	Apologies for absence were received from: <ul style="list-style-type: none"> <li>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care</li> <li>Ms Cathie Steele, Head of Quality and Governance</li> <li>Ms Lisa Humphrey, Interim General Manager</li> <li>Mrs Chantal Patel, Independent Member</li> <li>Dr Jo McCarthy, Deputy Director of Public Health</li> <li>Ms Donna Coleman, Llais Cymru</li> </ul>	

QSEC (23)02	<b>DECLARATIONS OF INTERESTS</b>	
	Ms Ann Murphy, declared an interest in Item 3.1 Corporate Risk Report, and the update provided on Industrial Action.	
QSEC (23)03	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 14 FEBRUARY 2023</b>	
	The minutes from the meeting held on 14 February 2023 were approved as an accurate record.	
QSEC (23)04	<b>TABLE OF ACTIONS (TOA) FROM THE MEETING HELD ON 14 FEBRUARY 2023</b>	
	<p><b>QSEC (22) 101: Health Board Managed Practices Update: To explore capturing patient feedback at the Managed Practices:</b></p> <p>In response to a query from Mrs Judith Hardisty regarding whether patient experience feedback will be collated from all GP Practices and not only Managed Practices, Mrs Louise O'Connor confirmed the intention to roll out the system to the independent practices.</p>	MR
	<p><b>QSEC (22)137: Quality Assurance Report:</b> Mrs Mandy Rayani undertook to follow up with the Head of Operations feedback from Catering Staff in Withybush Hospital regarding concerns on the time taken to go through menu choices with patients via the new menu system, Synbiotix.</p>	
	<p><b>QSEC (22)75: Commissioning for Quality Outcomes; To discuss with Welsh Health Specialised Services Committee the possibility of capturing commissioning outcomes (PROMS/ PREMS) as part of the contract arrangements for Long Term Agreements similar to an exercise being undertaken with Swansea Bay University Health Board:</b></p> <p>Mrs Mandy Rayani confirmed that the action will be reframed to reflect separate pieces of work underway with the Commissioning Team for quality outcome monitoring for Long Term Agreements and also the discussions with WHSCC to develop and report PROMS/PREMS feedback.</p>	MR
QSEC (23)05	<b>QSEC ANNUAL PLAN 2022/23</b>	
	<p>The Chair presented the QSEC Annual Plan 2022/23, advising that the format is under review and will be revised ahead of next year's reporting cycle. The Committee noted the volume of work undertaken throughout the year and it was highlighted that the specific areas of quality concern raised by Welsh Government which led to enhanced monitoring have been areas of focus throughout the year.</p>	CSO
	<p>Mrs Judith Hardisty suggested the inclusion of the escalation of the patient presentation challenges being faced at the Minor Injury Unit in Prince Philip Hospital within the Operational Quality, Safety and Experience Sub Committee's activity within the Annual Plan 2022/23.</p>	
	The Committee <b>ENDORSED</b> the QSEC Annual Plan 2022/23.	

<p><b>QSEC (23)06</b></p>	<p><b>STAFF STORY – EMERGENCY DEPARTMENT</b></p> <p>Ms Nerys Lewis, Senior Nurse at the Emergency Department, Glangwili Hospital provided a staff story detailing their experience of the Healthcare Inspectorate Wales (HIW) unannounced inspection of the department on the 5, 6 and 7 December 2022 during a period of extreme pressures. Ms Lewis set the scene in terms of the Emergency Department during the inspection; with 43 people in the waiting room, two ambulances outside waiting, a two hour wait to see the Emergency Department Doctor, one hour wait for triage and no capacity in the Paediatric Care Unit. There were 31 medical patients waiting in beds, six surge beds in use and four trolleys in use. The extremely challenging conditions were recognised by HIW. An immediate assurance plan was submitted following the recommendations received and the plan was accepted, following feedback and the addressing of queries on 28 February 2023. Staff members were personally thanked by HIW during the feedback session for the welcome they received.</p> <p>The Committee heard that staff at the Emergency Department were apprehensive about the publishing of the HIW report, which posed challenges for senior staff in terms of providing the necessary support and reassurances during this period. The process of the inspection was clearly communicated to staff as well as engagement for the improvements required. The process and requirements were communicated transparently to the team, who have continued to implement changes collaboratively to improve the service. Meetings have taken place with staff to discuss psychological safety and a piece of work around culture is underway, to ensure that staff feel comfortable in discussing or raising any concerns.</p> <p>Ms Lewis highlighted the references to overcrowding made throughout the HIW feedback, and updated the Committee that the pathways to improve patient flow have been an ongoing area of focus. Members received assurance from the establishment of the Medical Assessment Unit, which has alleviated long waits for patients and pathway improvements through collaboration with the Paediatric Unit.</p> <p>Ms Helen Williams enquired whether nurses are made aware of the HIW inspection process during their training. In response, Mrs Rayani undertook to confirm whether the inspection process forms part of the training and assured the Committee that Senior Management actively involve nurses with the inspections to provide exposure to and an understanding of the process.</p> <p>Mrs Delyth Raynsford expressed gratitude to Ms Lewis and staff for their dedication during incredibly challenging times, and in light of the fact that many of the staff are local to Carmarthen and likely to receive local negative feedback, enquired how staff are generally feeling, and asked what can be done by Board to support staff. Mrs Raynsford shared her recent experience of waiting ten hours in an Emergency Department with little communication from staff, and asked for Ms Lewis' thoughts on what can be put in place to provide updates to patients during the delays.</p> <p>In response to Mrs Raynsford's comments, Ms Lewis provided assurance around the culture work underway, whereby staff have an open platform to express their feelings and discuss the ongoing challenges. Ms Lewis feels</p>	<p><b>MR</b></p>
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	<p>that the team have a good working relationship and look after each other. With regards to improving communication with patients during the delays, visual screens projecting expected waiting times have been sourced for the Emergency Department waiting areas. Once the system is connected by the Informatics team, which is expected imminently, it will be updated centrally and will include triage waiting times and the expected wait to see the doctor. The Committee acknowledged the benefits of the display screens; however, it was noted that it will be important that human contact remains in place and to ensure that the waiting times are realistic across the pathways.</p> <p>Mrs Raynsford commented upon inappropriate television content experienced during a visit to the Emergency Department overnight and Ms Nerys Lewis advised that this feedback was also received from HIW and has been addressed.</p> <p>Mrs Hardisty highlighted the tremendous work undertaken as part of the nursing culture development within the department, and suggested that the cultural journey video which was shared at the People, Organisational Development and Culture Committee (PODCC) is shared with QSEC.</p> <p>Professor Philip Kloer paid tribute to Ms Lewis and the team for their continuous efforts during periods of extreme challenges. The Committee was pleased to note that HIW observed the team interacting professionally and evidence of good leadership skills. Prof Kloer raised concerns regarding the ongoing, relentless pressures at the department and the unavoidable impact on morale, and enquired whether enough is being done to support the psychological wellbeing of staff. Further consideration and discussions will take place on what the organisation can do to further support the team with Ms Lewis suggesting Away Days, and agreeing to consider this further and contact the Executive Team with any further suggestions.</p> <p>The Chair expressed gratitude on behalf of the Committee for Ms Lewis' powerful story.</p> <p><i>Ms Nerys Lewis left the meeting.</i></p>	<p>JW/CSO</p> <p>PK/NL</p>
	<p>The Committee <b>NOTED</b> the Staff Story.</p>	

<p><b>QSEC (23)07</b></p>	<p><b>QUALITY ASSURANCE REPORT</b></p> <p>Ms Caroline Burgin provided the key highlights from the Quality Assurance Report including:</p> <ul style="list-style-type: none"> <li>• The spike in incident reporting in January 2023 is due to a piece of work undertaken to update the system which includes historical Covid-19 infection reporting.</li> <li>• The Hot Spots slides highlight areas where major concerns have been raised at particular sites. It was noted that the slide has been omitted from the PowerPoint presentation shared with the Committee and will be circulated following the meeting.</li> </ul> <p>Ms Frances Howells presented the Infection, Prevention and Control element of the slides and advised of the improvement in Clostridium Difficile (C-Diff) Infection in March 2023. Focussed work is ongoing to improve the C-Diff</p>	<p>CSO/JW</p>
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rates which is being supported by the Healthcare Acquired Infection dashboard, and includes targeted scrutiny of cases and better engagement with medical colleagues. Other key highlights provided included:

- A restructure in the community service and an additional Band 7 position has improved capacity in the team.
- There has been a reduction in E-Coli reported cases.
- Ongoing discussions are underway with Public Health Wales and initiatives to improve engagement in public areas and with local groups to improve infection rates. Hand hygiene compliance audits are undertaken quarterly, however it was highlighted that further work is required to improve hand hygiene and glove hygiene awareness.
- Quality Panels are undertaken with the Infection Prevention and Control Teams to agree targets for reduction.

Mrs Hardisty enquired, in light of the capacity challenges with the team and the data which indicates the HCAI infections are predominantly acquired in the community, whether the staffing model and resources are appropriately based. In response, Ms Howells acknowledged that the team is small for the population and advised that work is underway to maximise capacity and utilise resources effectively.

The Committee received an update on the COVID-19 review programme, which is progressing, noting that there has not been a great deal of negative patient feedback in relation to the Health Board's COVID-19 Pandemic response. The Quality Assurance team is making a judgement on each case individually as to whether to make contact with the patient, with a balanced approach to ensure transparency whilst not wishing to cause any distress. The reviews are completed and all data is being electronically filed to ensure decisions on undertaking the reviews are well documented.

Ms Anna Lewis, highlighting the growing data set following the COVID-19 reviews, enquired whether the team intend to extract themes for learning. In response, Mrs Rayani explained that this has been touched upon throughout the report such as the themes relating to the Do Not Attempt Cardio Pulmonary Resuscitation forms; however, further detail will be provided to national and local learning in the Quality Assurance Report for the QSEC meeting in June 2023.

**CB/ CS**

Highlighting the HIW inspections and the increase in outstanding recommendations since the previous report, Mrs Joanne Wilson suggested that it will be helpful to see the deadline dates, which Ms Burgin undertook to include in future reports. The Committee noted that the Quality Assurance team is in contact with the Directorate leads regarding deadlines and regular reminders are provided via the Audit Management and Tracking system.

**CS/CB**

Mrs Rayani updated Members that the Mental Health and Learning Disabilities team has been tasked by Welsh Government to complete a self-assessment on their discharge arrangements for adult inpatient wards. A Quality Panel has been arranged to review the assessment, which will be submitted to Welsh Government in May 2023. An update report to provide assurance that the team is working on the themes from the review will be provided to QSEC in June 2023.



	Ms Anna Lewis requested further development of the work undertaken on themes emanating from the inspections, whether relating to a particular site or pathway. The themes can be shared with relevant Committees to request assurances if required.	CB/CS
	Mrs Raynsford requested clarity on the process for addressing outstanding actions with the Directorates. In response, Ms Burgin explained that the Quality Assurance team is proactive in engaging with each service regarding the actions to offer support. Mr Will Oliver highlighted the role of the Operational Quality, Safety and Experience Sub Committee (QQSESC) in the monitoring of outstanding recommendations.	CB/CS
	The Committee received an update on the Safer Care Collaborative and the foundation site visits underway from Mrs Rayani. The Committee were pleased to note the positive engagement from across services, providing an example of a team of six from Bronglais Hospital showing a clear commitment to drive improvements at 'front door' services.	
	Ms Anna Lewis enquired how work under the Safer Care Collaborative umbrella was progressing, noting that pressure damage improvements are not included as part of the work underway. Mrs Rayani provided an update on the internal exercise underway on categorisation of pressure damage and the team working locally with services.	
	<p>The Committee <b>NOTED</b> the safer care collaborative work and <b>TOOK ASSURANCE</b> that processes, including the Listening and Learning Sub Committee, are in place to review and monitor:</p> <ul style="list-style-type: none"> <li>• patient safety highlighted through: <ul style="list-style-type: none"> <li>• Incident reporting;</li> <li>• Review of nosocomial COVID-19 infection</li> </ul> </li> <li>• patient experience highlighted through HIW Inspection</li> <li>• compliance with Welsh Health Circulars</li> <li>• quality improvement.</li> </ul>	

<b>QSEC (23)08</b>	<b>A REVIEW OF HIW REPORTS AND OUTSTANDING RECOMMENDATIONS</b>	
	The Review of the HIW Reports and Outstanding Recommendations update was included as part of the Quality Assurance Report.	

<b>QSEC (23)09</b>	<b>HOT SPOTS REPORT</b>	
	The Hot Spots Update was included as part of the Quality Assurance Report.	

<b>QSEC (23)10</b>	<b>HEALTH AND SOCIAL CARE QUALITY AND ENGAGEMENT (WALES) ACT 2020 UPDATE</b>	
	<p>Mrs O'Connor presented the key developments of the Health and Social Care Quality and Engagement (Wales) Act and the requirement for Health Boards to follow processes which will be set out in the regulations.</p> <p>The Committee received an update on the Duty of Candour procedure, noting the amendment that a written notification will be made within five working days rather than two working days to give the NHS bodies more time to respond.</p>	

Members highlighted a number of key amendments to the Putting Things Right Policy. Following the introduction of the Duty of Candour, the requirement to acknowledge receipt of the notification of a concern should now be made within 5 working days “after the day on which the responsible body receives it” rather than 2 working days.

Mrs O'Connor highlighted the road map for implementation and the national milestones with which organisations will be charged for the two duties. No major risks were identified in regards to the road map; however, careful consideration will take place as regards management and ensuring risks are escalated appropriately. Ms Anna Lewis, Independent Member and Chair of QSEC will undertake the role of Putting Things Right (PTR) Lead and also assume responsibility for Duty of Candour. The Committee noted that The Putting Things Right (PTR) Policy is being updated to incorporate the duty of candour/quality procedures. The Listening and Learning Sub-Committee will review the Policy in May 2023 and present to QSEC in June 2023 for approval. Any additional Standard Operating Procedures (SOP) or policies completed will be included on the Sharepoint page, which is included within the slides.

The Committee noted that Duty of Candour materials are being incorporated into all corporate training materials and all Band 5 and above posts will undertake training relating to the Act. Mrs O'Connor highlighted the challenges with Commissioned Services, particularly Mental Health and Learning Disabilities services, with ongoing discussions with the Commissioning team to establish and improve monitoring processes.

The Committee noted that the Duty of Quality developments are moving at a slower pace and a further discussion will take place at the next QSEC meeting on their practical implementation.

The Chair, highlighting the learning and cultural elements involved with the road map for implementation of the Act, suggested a meeting between the PODCC and QSEC Committee Chairs to agree the reporting arrangements to ensure onward assurance to Board, which will take place via Chair's meeting.

In response to a query from Ms Ann Murphy on whether the Duty of Quality Poster included within the Slide set will be shared publicly, with it highlighted that the poster states external assessments will take place to monitor the organisation's journey, Mrs O'Connor confirmed the poster will be shared widely. The Quality Assurance team will put processes in place and welcomes the opportunity to be assessed on progress through the new quality lens; the same will apply for the Duty of Candour.

The Committee:

- **NOTED** the key changes made to the legislation with effect from 1 April 2023.
- **RECEIVED ASSURANCE** that suitable arrangements are in place to support the initial implementation of the duty of candour and duty of quality requirements.
- **AGREED** the reporting process for both monitoring progress of implementation and overall assurance of compliance with the Regulations.

LOC

AL/JW

QSEC (23)11	CORPORATE RISKS ASSIGNED TO QSEC	
	<p>The Committee received the Corporate Risk report. Referring to Risk 129, Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients, Mrs Hardisty enquired whether the mitigating actions are sufficient to address the risk or whether the risk is linked to the wider system challenges being faced in the Unscheduled Emergency Care Department. Mr Andrew Carruthers, reflecting that the risk is associated with workforce cover which has notably improved over the recent Easter weekend – possibly due to a revision to pension ‘caps’ which may have encouraged staff to take up more shifts – advised the Committee that planning will take place to develop the urgent Primary Care pathway.</p> <p>Providing further context to Risk 1559 - Risk of power outages impact across all clinical and corporate functions of the Health Board, Ms Alison Shakeshaft explained that a great deal of work is ongoing around the Health Board’s resilience should there be a power outage, with a national and regional exercise underway. The Committee was advised that it has become apparent how interlinked the gas/electrical and IT infrastructure is. A major power outage incident over a few days could cause significant issues in regards to communication. Planning is underway to strengthen resilience in the hospital sites and for patients who require equipment in their homes. A Task and Finish Group has been established and discussions are underway regarding putting emergency care plans in place in the event of a power outage.</p> <p>Ms Shakeshaft advised the Committee that Risk 1548 - Risk to the Health Board maintaining service provision due to industrial action was added to the Risk Register in November 2022. Given the fast pace of events, the Risk has been updated on several occasions. There are no further strike dates planned in Wales but it has been noted that Unions are considering seeking new strike mandates as their initial maximum 6 month mandates are due to expire, and negotiations regarding the 2023/24 pay settlement have not yet concluded.</p> <p>Referring to 1349 - Ability to deliver ultrasound services at Worthybush (WGH), Mr Carruthers advised that the risk is under review as the workforce challenges are being experienced more widely across the Health Board and not specific to Worthybush. Mr Carruthers also updated Members that Risk 684 - Risk to the timely investment and replacement of Radiology equipment will be revised to reflect that the investment is required through capital funding from Welsh Government.</p> <p>Mr Carruthers provided an update on Risk 1340, the risk of avoidable harm for Hywel Dda patients requiring NSTEMI pathway care, reporting that the repatriation service has been reinstated from April 20223, which is a key action to mitigate the risks and which has not been available since pre COVID-19 Pandemic.</p> <p>Referring to Risk 1439 - Risk of delays of specialist wound management advice resulting in deep tissue damage, vascular disorders and sepsis, the Chair queried whether allocating the resource for recruitment is to de-escalate the risk and whether this risk should remain until the staff are in post. In response, Mrs Rayani provided assurance that a new Senior</p>	



	<p>Nurse for Resuscitation and Acute Deterioration has been appointed, and scrutiny meetings, which were already in place, are being stepped up. The risk has been deescalated from Corporate to Directorate level, and can be escalated again if required.</p> <p>Mrs Joanne Wilson updated the Committee that, following discussion at a recent Executive Risk session, a piece of work will be undertaken by the Director of Operations, Director of Nursing, Quality &amp; Patient Experience and the Assurance and Risk team on assessment and prioritisation of fragile service and the development of a matrix in which the assessment of risk will be based. Feedback from Directorate leads has been requested by 3 May 2023 and a report will be presented to the next QSEC meeting in June 2023.</p> <p>Referring to risk 129, Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients Ms Helen Williams raised concerns regarding the long standing 'temporary' suspension of the Llandysul GP Out of Hours service with no update provided to the local population. In response, Mr Carruthers undertook to provide a formal position on the GP Out of Hours service provision in Llandysul to Ms Helen Williams, Llais Cymru.</p>	<p><b>AC/MR/AC</b></p> <p><b>AC</b></p>
	<p>The Committee <b>RECEIVED ASSURANCE</b> that:</p> <ul style="list-style-type: none"> <li>• All identified controls are in place and working effectively.</li> <li>• All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</li> <li>• Challenge where assurances are inadequate.</li> </ul>	

<p><b>QSEC</b> <b>(23)12</b></p>	<p><b>HEALTH VISITING STAFFING POSITION</b></p> <p>Ms Bethan Lewis provided an update on the Hywel Dda Health Visiting staffing position following previous workforce challenges which were escalated to the Committee. Whilst advising that the service now sits under the Women and Children's Directorate, Ms Bethan Lewis would provide the update on behalf of Ms Lisa Humphrey, who was unable to attend the meeting. The workforce risks, despite some improvement in Pembrokeshire, continue to be significant in the Ceredigion and Pembrokeshire regions. Ms Bethan Lewis advised the Committee that a risk assessment was undertaken in Ceredigion prior to the COVID-19 pandemic and in Pembrokeshire in 2022, with a focus on the north of the county. This is mainly due to the difficulty in recruiting staff. During the Pandemic, reduced contacts were recommended by Welsh Government and data on the Healthy Child Wales Programme (HCWP) was not collated by the child health system, making it difficult to estimate how many children had missed crucial HCWP contacts. In Ceredigion the existing staff did not have the capacity to see all of the children that were due their HCWP contacts, and some children had not been seen since the birth visit. HCWP contacts, birth visits, visits with known vulnerable families and those with safeguarding concerns continue to be prioritised.</p> <p>Ms Lewis stated that the fragility of the service remains due to the age profile of the current workforce, with 49% of the Health Visiting workforce being over 51 years of age. The age profile is evident across all three counties but has a</p>	
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significant bearing on Carmarthenshire where there are 12.6 WTE Health Visitors over the age of 54 years. There is a potential risk during 2023 due to staff reaching retirement age.

The Committee noted the fragility of the service despite the mitigations in place, including the establishment of weekend clinics. These clinics have been helpful in supporting families; however, there are risks associated with not undertaking the assessments in the home environment.

An additional role of Senior Nurse for Quality Assurance has been established to support a more robust leadership and governance structure within the service, a relief Health Visitor post has been created and has been redeployed to Ceredigion and an additional Team Leader for South Ceredigion with a background in safeguarding was recruited in April 2022.

The Committee noted further mitigating actions underway to strengthen the service, such as the establishment of a Duty Phone number for families with queries and the support being received by the Safeguarding Team for Looked after Children. Workforce Planning initiatives underway include skill mix initiatives and the 'Grow Your Own' model, which Ms Bethan Lewis advised has been successful.

Prof Kloer raised the issue of capturing the risks associated for missed opportunities to enhance the health and wellbeing of the future generation and the Committee noted the risk to the strategic developments due to the workforce challenges.

Mrs Mandy Rayani advised Members of the Health Visit Practice Review learning following a recent tragic death of a child in Pembrokeshire and the responsibility of all agencies who engage with children to report any safeguarding concerns.

Mrs Hardisty sought assurance that engagement is underway with the Regional Children's Group with Local Authority partners regarding the provision of services to highlight families at risk, not only regarding Looked after Children. Ms Liz Wilson offered assurance that engagement with Local Authority partners is underway, with an update scheduled for the Regional Cluster Forum at the end of the month. Ms Bethan Lewis also confirmed her attendance at the Regional Children's Board and confirmed that individual meetings are underway at County Board meetings.

In response to Mrs Hardisty's query regarding whether it is felt that the current staffing levels ratio establishment is appropriate, Ms Bethan Lewis recognised that the staffing levels are based on historical figures, stating that there is national work underway to review these along with the Flying Start Programme.

The Committee NOTED:

- The continued work underway to mitigate risk to staffing vacancies within the Health Visiting Service and received assurance from the control measures in place in light of the ongoing staffing challenges.
- The financial implications to ensure a safe, sustainable service for the future as part of the 'invest to save' with a focus on early years and early intervention to prevent long term health issues for the future Hywel Dda population.

<b>QSEC (23)13</b>	<b>4G HEALTHY WEIGHT: HEALTHY WALES PLAN</b>	<b>BL</b>
	<p>The Committee received the update report on Planning Objective 4G, Healthy Weight, Healthy Wales Plan.</p> <p>Ms Anna Lewis asked for clarity on where Primary Care services fit in to the pathway and, in response, Ms Claire Jones provided an update on the Level 2 work underway which will align adult pathways such as the Diabetes service. Ms Jones noted the high volume of referrals linked with Secondary Care and that work to align a number of pathways will be taken forward.</p> <p>Mrs Hardisty, noting the complex implementation structure detailed within the report, suggested aligning the plan with the Healthy Schools programme. Discussion took place on the development and work undertaken to improve aligning the pathways.</p>	
	<p>The Committee <b>NOTED:</b></p> <ul style="list-style-type: none"> <li>• The progress made to date to implement the AWWMP and WSA elements of the HWWH strategy</li> <li>• The remaining gaps in AWWMP implementation, which are the subject of business cases yet to be submitted and prepared in response to feedback from Welsh Government following submission of the 2020-21 Forward Plan which noted: 'The Health Board should consider how the progress of the pathway development can continue, whilst noting concerns around a lack of funding. Health Boards should be seeking to address funding concerns through core budgets as services progress, in tandem with the Welsh Government funding available.</li> <li>• The changes to governance arrangements in view of the recent review of Hywel Dda University Health Board.</li> </ul>	

<b>QSEC (23)14</b>	<b>5W LIBERTY PROTECTION SAFEGAURDS UPDATE</b>	
	<p>The Committee received an update on Planning Objective 5W Liberty Protection Safeguards from Mr Steven Hughes, Deprivation of Liberty Safeguards (DoLS) Co-ordinator. Communication was received from Welsh Government that the implementation of the Liberty Safeguards has been postponed indefinitely, and will not be considered for implementation until 2025 if at all. Mr Carruthers undertook to check the status of the risk on the Datix Risk Register.</p> <p>The Committee noted that the current resources to undertake the mental capacity medical assessments are not fit for purpose and that the referrals are unmanageable, which is a national challenge. Mr Hughes advised that Welsh Government will be meeting with key stakeholders as soon as possible to discuss the delay of implementation and an update will be provided to QSEC at the next meeting in June 2023 on the national implications. In the meantime, the Committee noted that the team will focus their attention on improving the triage process to improve the DoLS backlog of referrals and continue to provide DoLS awareness training as part of the Mental Capacity Act (MCA) mandatory e-learning program and through face to face and video training sessions by the MCA team. The DoLS team and Reducing Restrictive Practice team also continue to work collaboratively to enhance awareness of the deprivations of liberty and the actions required by Health Board staff. Mr</p>	<p><b>AC</b></p> <p><b>SH</b></p>

	<p>Carruthers assured the Committee that the funding to support the transition to the Liberty Safeguards will continue, to facilitate the service in trying to address the backlog in the interim.</p> <p>The Chair thanked Mr Hughes for the useful update, noting the challenging position.</p> <p><i>Mr Steven Hughes left the meeting.</i></p>	
	The Committee <b>RECEIVED LIMITED ASSURANCE</b> from the mitigating actions underway.	

<b>QSEC (23)15</b>	<b>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE</b>	
	<p>The Operational Quality, Safety and Experience Sub Committee (OQSESC) report was presented to the Committee. Mr Oliver highlighted that the Sub Committee will request an update on the Rapid Response to Acute Illness Learning Set (RRALS) update report, which advised of Health Education &amp; Improvement Wales (HEIW's) recommendation that junior doctors will no longer be required to undertake Advanced Life Support (ALS) training, as juniors were reporting distress undertaking ALS.</p>	
	The Committee <b>NOTED</b> the content of the OQSESC Update Report.	

<b>QSEC (23)16</b>	<b>LISTENING AND LEARNING SUB COMMITTEE</b>	
	The Listening and Learning Sub Committee Update (LLSC) Report was received by the Committee.	
	The Committee <b>RECEIVED ASSURANCE</b> from the content of the LLSC Update Report.	

<b>QSEC (23)17</b>	<b>INFECTION PREVENTION AND CONTROL STRATEGIC STEERING GROUP</b>	
	<p>Ms Sharon Daniel presented the key updates from the Infection Prevention and Control Strategic Steering Group (IPSSG) highlighting that while Hywel Dda University Health Board continues to remain under Enhanced Monitoring for increased numbers of C-Diff, IPSSG maintains close monitoring of the progress of the actions detailed within the Healthcare Associated Infection (HAI) Improvement Plan. An improvement in multi-disciplinary engagement has been noted and plans are in place to focus on sustaining improvement.</p> <p>Ms Daniel provided an update on Welsh Health Circular (WHC) 2018-033, Airborne Isolation Room Requirements, and the actions undertaken by the Health Board including the installation of Bioquell pods (semi-permanent isolation pods) into Intensive Therapy Units across all sites and increasing single room capacity in Critical Care to 50%. The Committee noted that whilst actions have been taken locally to mitigate the risks relating to this WHC, significant Capital investment is required to ensure compliance. A strategic discussion will take place with clinical leaders to determine the clinical pathways aligned to strategic direction to inform future planning. WHC (2018) 33 is to be a standing agenda item of the Ventilation Group reporting progress to Infection Prevention Strategic Steering Group (IPSSG).</p>	

	A progression update shall be presented to QSEC via the table of actions and the Datix Risk Register will be updated.	<b>SD</b>
	The Committee <b>RECEIVED ASSURANCE</b> from the Improvement Plan, with a further progression update to be provided in August 2023 and NOTED that detailed progression of the Isolation requirement aligned to WHC (2018) 033 will be delivered in July 2023.	

<b>QSEC (23)20</b>	<b>FOR INFORMATION</b>	
	The QSEC Workplan 2023/24 was circulated for information.	

<b>QSEC (23)21</b>	<b>NATIONAL COLLABORATIVE COMMISSIONING UNIT QUALITY IMPROVEMENT SERVICE ANNUAL POSITION STATEMENT 2022/23</b>	
	The Committee received the National Collaborative Commissioning Unit Quality Improvement Service Annual Position Statement 2022/23 and noted the wealth of data contained within the report. The Chair, drawing attention to the data that only 30% of Hywel Dda patients are based at the top 5 ranked providers from 1 April 2021 and 31 March 2022, enquired whether a further report can be presented to the Committee for assurance on the standards of quality in commissioned services. Mrs Rayani updated the Committee on the recent meeting with the Collaborative Director for Commissioning regarding piloting quality standards for commissioning, in particular for Mental Health and Learning Disabilities service and agreed to provide an update report at June QSEC on actions underway in response to the National Collaborative Commissioning Unit Quality Improvement Service Annual Position Statement 2022/23.	<b>MR</b>

<b>QSEC (23)22</b>	<b>DATE OF NEXT MEETING</b>	
	09:30am, 13 June 2023	