

**COFNODION EU 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, 07 December 2023
<b>Venue:</b>	Boardroom, Ystwyth Building/ MS Teams

<b>Present:</b>	<p>Mr Andrew Carruthers, Director of Operations</p> <p>Ms Anna Lewis, Independent Member (Committee Chair)</p> <p>Mrs Delyth Raynsford, Independent Member (Committee Vice Chair)</p> <p>Ms Ann Murphy, Independent Member</p> <p>Mrs Chantal Patel, Independent Member</p> <p>Dr Ardiana Gjini, Director of Public Health</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality &amp; Patient Experience (Lead Executive)</p> <p>Dr Subhamay Ghosh, Associate Medical Director for Quality &amp; Safety</p> <p>Mrs Joanne Wilson, Board Secretary</p> <p>Mr William Oliver, Assistant Director of Therapies and Health Science</p> <p>Ms Cathie Steele, Head of Quality and Governance</p> <p>Mr James Severs, Director of Therapies and Health Science</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care</p> <p>Ms Louise O'Connor, Assistant Director of Legal and Patient Support</p>
<b>In Attendance:</b>	<p>Ms Carly Hill, Assistant Director, Medical Directorate</p> <p>Ms Urvisha Perez, Audit Wales (Part)</p> <p>Ms Rebecca Temple Purcell, Assistant Director of Nursing, Mental Health and Learning Disabilities (MHLD)</p> <p>Ms Kay Isaacs, Assistant Director, MHLD (Part)</p> <p>Ms Lisa Humphrey, General Manager, Women and Children's Services (Part)</p> <p>Mr Robert Blake, Head of Workforce and Culture (Part)</p> <p>Ms Katie Lewis, Committee Services Officer (Minutes)</p>

<b>QSEC (23)102</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
	<p>Ms Anna Lewis welcomed all and as the papers will have been read in advance, kindly requested that during presentations a few key highlights are pulled out from reports with particular focus on what the impact of the updates are on quality, safety and experience for the Hywel Dda University Health Board population.</p>	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Professor Philip Kloer, Medical Director, and Deputy Chief Executive Officer</li> <li>Ms Zoe Weaver, Health Inspectorate Wales</li> </ul>	

<b>QSEC (23)103</b>	<b>DECLARATIONS OF INTERESTS</b>	
	<ul style="list-style-type: none"> <li>Referring to Risk 1548: Risk to the Health Board maintaining service provision due to industrial action, Ms Ann Murphy declared an interest as a trade union representative.</li> <li>Mrs Chantel Patal declared an interest as a Member of the Welsh Health Specialised Services Committee.</li> </ul>	

QSEC (23)104	<b>MINUTES FROM PREVIOUS MEETING HELD ON THE 5 OCTOBER 2023 AND MATTERS ARISING</b>	
	The minutes from the meeting that took place on 5 October 2023 were approved as an accurate record.	

QSEC (23)105	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 5 OCTOBER 2023</b>	
	<p><b>Quality Impact Assessment (QIA) RAAC: To discuss developing a simplistic mechanism which captures anticipated outcomes and also tracks/ monitors these outcomes in light of the financial challenges and pressures being faced across the organisation:</b></p> <p>Providing an update, Mrs Mandy Rayani advised that a meeting has taken place between herself and the Assistant Director of Assurance and Risk to discuss establishing a formal process and governance arrangements for quality impact assessments (QIA). It was agreed that following completion, the QIA's would be completed and reviewed and signed off via the Clinical Quality Executive lead and a monitoring process to track the actions will be developed early next year. A quality panel will be established for which Ms Wilmshurst has developed the draft terms of reference and the panel will report to QSEC.</p>	

QSEC (23)106	<b>COMMITTEE SELF ASSESSMENT</b>	
	<p>Ms Anna Lewis thanked those who have responded to the proposed new survey and provided feedback from the recent Committee Self-Assessment Workshop undertaken on the 22 October 2023 which was beneficial for discussion and contribution in the development of an action plan. Ms Lewis, Mrs Joanne Wilson and Ms Wilmshurst will meet in the coming weeks and the outcome report will be presented to the Committee in February 2024.</p> <p>The Committee <b>NOTED</b> the update.</p>	JW

QSEC (23)107	<b>ARTS IN HEALTH CHARTER</b>	
	<p>Mrs Louise O'Connor and Ms Kathryn Lambert presented the Arts in Health Charter, which is a public co-created promise to integrate arts into Health Board services, making it an integral part of how health and wellbeing services will be delivered.</p> <p>Ms Lambert explained that the Charter will be presented to the Health Board for approval in January 2024 and if approved, a communications plan will be developed to publish the Charter through different platforms and people. The small team are working closely with the Communications, Diversity and inclusion and Welsh language colleagues to progress this.</p> <p>Ms Anna Lewis provided positive feedback and support for the arts in health principles and highlighted that it will be important to collate data to demonstrate the impact and outcomes as part of the next steps if approved at Board in January 2024. Ms Lambert agreed, and informed the Committee that part of the journey will involve working with the Research and Innovation Team and Value Based Healthcare colleagues to develop evaluation models for the</p>	KL

different areas of work. A research and innovation group will be established, and outcomes will be captured as the journey develops.

Mrs Raynsford shared her support and highlighted the benefits of arts for health care, which is likely to provide wellbeing support for both staff and patients. Mrs Raynsford enquired whether the team are linking in with the education sector, noting a number of vibrant arts movements in West Wales such as the Carmarthenshire School of Arts. Mrs Raynsford also enquired whether there would be opportunities for student placements within the team. Ms Lambert confirmed that the team are liaising with the school of arts in Carmarthenshire and Aberystwyth and the workforce team to firm the bridge between health, arts, education and third sector organisations which will hopefully open the door for placement opportunities.

In response to a query from Mrs Patel regarding whether ethnic minority arts groups are being engaged, Ms Lambert advised that a key strategic project is being developed to widen the diversity of artists as part of the initiative.

Mrs Rayani passed on a special thanks to Ms Lambert for her leadership and the progress made in the arts in health agenda since starting in her role. Providing different examples of the way in which outcomes could be measured, for example how buildings and healthcare settings will be more therapeutic, Mrs Rayani advised that a piece of work is underway to ascertain how to capture the differences being made and will provide feedback in quarter one 2024.

Providing positive feedback Mr James Severs enquired whether music will play a part in the arts in health developments and whether an Art Therapist role will be established as part of the next steps. In response, Mrs Rayani advised that since the initial discussions around Arts in Health a number of years back, the concept has progressed from an art therapy for individual patients to a wider cultural journey. Ms Lambert advised that there are five arts therapists situated across the Health Board who provide input into developments from a health professional viewpoint, however the Charter is transforming from a medical model and going forward will involve all areas of arts such as musical performers and storytellers.

Ms Anna Lewis felt that stronger reference to the Social Model for Health and Wellbeing would be useful prior to submission to Board for approval and enquired regarding the funding model. In response, Mrs Rayani advised that funding has been limited so far however, Ms Lambert and the team have managed to explore different options and secure capital funding, noting that part of the condition means that new projects are expected to have arts incorporated. If approved at Board, Mrs Rayani advised that growing the infrastructure to make the developments will be important and charitable funding opportunities are being explored.

Thanking Ms Lambert and the team for the hard work in progressing the exemplary work which has been recognised by the Arts Council for Wales, Ms O'Connor noted that the significant progress of the Arts in Health Charter reflects Ms Lambert's skilful leadership approach.

The Committee **APPROVED** the draft Arts and Health Charter for submission to the Public Board meeting of the Health Board, in January 2024

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Ms O'Connor provided an overview of the themes that have emanated from incidents and complaints reported to the Listening and Learning Sub Committee within the last year, noting that there has been a recent decline in complaints received that fall under the communication category and there has been a lot of positive feedback during this period. However, Mrs O'Connor provided the main themes from complaints are staff attitude, contact and communication between services, with particular reference to test results and with communication with patients. Mrs O'Connor advised that while specific actions are taken forward directly by services following receipt of a complaint or incident, the aim of this update to the Committee is to share the wider, strategic pieces of work underway to address common themes from feedback.

Providing an update on the positive feedback received for the 'Making a Difference Training', Mrs O'Connor noted the challenges during times of extreme pressures for staff to be released for all day training, and work is underway to try and make this training more accessible. Ongoing feedback from the training is being captured and monitored.

Sharing that empathy and breaking bad news is another recurring theme from complaints, Mrs O'Connor updated the Committee that innovative opportunities are being explored for empathy focussed training for staff, including possible discussions with the Empathy Museum to arrange 'a mile in my shoes' experience for staff which is a roaming exhibit and found to be a positive experience.

Mrs O'Connor shared that work is underway to modernise the switchboard centralised contact service to work with Waiting List Support Service and improvements will start to materialise in the next year. Members were pleased to note that communication updates will be a standing agenda item at the Listening and Learning Sub Committee.

Providing positive feedback from the update report, Mrs Patel felt supportive of keeping communication developments as a standing agenda item at the Listening and Learning Sub Committee and felt that the 'In My Shoes' Event would be a good learning experience for staff. Referring to the update regarding staff attitude complaints, Mrs Patel suggested exploring Schwartz Rounds staff experience programme that was recently raised during a meeting with Health Education and Improvement Wales. Noting Mrs Patel's suggestion, Mrs Rayani fed back her own experience of the Schwartz Rounds programme whereby significant investment is required to build the infrastructure, and the licensing costs. If this would be taken forward in the future, the leadership role would be paramount for its success. Mrs Patel suggested that cost barriers are being discussed with Welsh Government on a national basis.

Highlighting that communication issues are also a consistent feature in complaints against the Health Board that Llais receives, particularly regarding empathy from staff. On behalf of Llais Cymru, Mr Dentten kindly offered to support public messaging of wider work underway and will meet with Mrs O'Connor to discuss how Llais can support this in the new year.



Mrs Delyth Raynsford noted concern from the patient experience report at the November Board meeting regarding the lack of developments in terms of communication training for medical staff and would like to see the 'In My Shoes' experience for this cohort of staff, and suggested charitable funding is explored for this. Mrs Raynsford enquired how much training is provided to staff to deliver bad news as this can have a significant impact on the grief process. Mrs Raynsford also enquired whether there are any trends emanating from the complaints such as peaks during certain times of the day or within certain services.

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Mrs O'Connor agreed with Mrs Raynsford's comments, and shared her belief that if staff experience is right, patient experience will be right and work is underway with clinical leads for culture developments. Mrs O'Connor will take place with the Medical Leadership team to make recommendations. Staff experience stories have been introduced at Listening and Learning Sub Committee, as it is important to receive an understanding of the different perspectives. Mrs O'Connor advised that Ms Julie Brennan from the Palliative Care Team has kindly offered to provide revised training on breaking bad news to patients.

Mr James Severs highlighted a wider issue than the difficult conversations relating to death and dying with patients and felt that training opportunities to improve communication should not be undertaken via E-Learning methods. Mr Severs also reflected on staff engagement via the Staff Survey and Patient Experience Charter which could be improved, and Mrs O'Connor agreed to discuss these valuable points with the Assistant Director of People Development to raise at the People and Organisational Development Committee (PODC). Ms Anna Lewis and Mrs Patel undertook to discuss an opportunity for QSEC and PODC to undertake a joint piece of work relating to this with Executive Leads and the Director of Corporate Governance.

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Thanking Mrs O'Connor for the important update, Ms Lewis reflected on how the next steps may be to scrutinise the feedback to gather more detail and undertake targeted work on hot spots, or areas where there are increased temporary staffing arrangements, or overcrowding at the emergency departments whereby no amount of training is likely to improve matters. Mrs O'Connor agreed and said that qualitative data is being explored at each site to look at contributory factors with support from the Data Scientist Team. A discussion will be arranged with the Assistant Director of People Development to ensure the work underway will feed in to PODCC.

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Ms Lewis commented that this would be a prime suggestion for quality improvement work if there is capacity in the Quality Improvement Team. Mrs Rayani commented that communication themes have been picked up through the Quality Improvement Programme, and as noted in the update report shared with Members, the response to the themes is currently gathering momentum for significant change.

The Committee **RECEIVED ASSURANCE** that:

- the key themes relating to communication are being addressed;
- the Listening and Learning Sub Committee will receive regular reports on progress with the work plan and update the Committee of developments.

**QUALITY ASSURANCE REPORT**

Ms Cathie Steele presented the Quality Assurance report.

Thanking Ms Steele for the wealth of information included in the report which is incredibly helpful for the Committee, Ms Jill Paterson highlighted the significance of Independent Member walkabouts to gather insight into the quality and safety and provide recommendations. It was confirmed that Executive Leads continue to receive a report from the Quality and Safety Team following visits to confirm actions and feedback is provided to the services and uploaded to the Audit Management and Tracking System.

Mrs Raynsford was pleased to note the deep dive into pressure damage prior to admission to health board services, highlighting the significant number of elderly and frail population effected. Members discussed the benefits of collaboration with primary and community care colleagues for making every contact count and the public messaging for healthy nutrition and hydration. Ms Paterson added that Welsh Government have launched a 'help us help you' campaign, which aims to address the wider issue around nutrition and hydration in the community and cluster schemes for those with pressure damage who are unknown to services. In response to a query from Mrs Raynsford regarding whether Llais Cymru could support public messaging, Mr Dentten was keen to offer support to help promote the initiatives, and understand and address the challenges.

Mrs Rayani thanked Ms Steele and the team for the scale of work undertaken for the nosocomial review, which has been remarkable in terms of the timelines and recruitment challenges, and the team have almost completed the closure report, and commented that it is important that learning is shared locally and nationally.

As infection prevention control is an area of particular scrutiny for Welsh Government, Ms Lewis enquired why E-Coli rates are a particular issue in the Hywel Dda region, and what makes the region stand out in terms of numbers of infection in the community. In response, Mrs Rayani advised that there are a number of likely contributing factors such as demographic in terms of age and the rural geography of the area, and provided assurance that this has sparked national interest from the Health Care Acquired Delivery Board, where performance across Wales was discussed at a recent meeting.

Dr Gjini highlighted that the E-Coli and C-Difficile infections are associated with the elderly population, which ties in with the demographic in the area. Dr Gjini also raised that the Hywel Dda region is the second highest region in Wales with private water supply which may be a contributing factor. The Public Health Directorate are in the process of reviewing the overall governance arrangements of infection prevention control in the community. Ms Lewis felt that the data gathered will be helpful for the Committee to form a reasonable expectation for factors within the gift of the Health Board. The Committee also noted that Hywel Dda also have a higher rate of testing, and it was not certain whether this is taken into account by Welsh Government when assessing rates of infection.

	<p>Dr Gjini advised of the community nursing infection prevention work underway that is being driven nationally by Public Health Wales, including the implementation of 'no touch techniques' and a 'catheter care' programme which will be rolled out locally via the Public Health Directorate. A community nursing infrastructure was created which may require review considering the current financial challenges.</p> <p>Referring to inspections and recommendations undertaken by Health Inspectorate Wales, Ms Lewis enquired whether effective practices are in place to share learning across the organisation, and for feedback on ways in which the Committee can monitor the differences this learning is making in practice. In response, Ms Steele advised that a piece of work will take place to improve cross disciplinary learning as part of the revised governance arrangements being led by the Director of Operations. Mrs Rayani assured Members that there is a clear process for learning from inspections within the Senior Nurse Management Team meetings. From a medical perspective, Dr Subhamay Ghosh recognised that there are challenges in terms of how messages are shared across the Health Board. It was noted that the reports and actions are shared vastly during the Clinical Audit and hospital meetings however, work is being explored to look at a more comprehensive way to reach out to the medical workforce via the clinical leads and the new operational structure will support this. Ms Lewis' commented that the sharing of the outcome of the inspections is essential and thanked the team for clarifying this, however it is less clear what steps are taken for learning in practice following receipt of this information.</p>	
	<p>The Committee received assurance that processes, including the Listening and Learning Sub Committee, are in place to review, manage and monitor:</p> <ul style="list-style-type: none"> <li>• Patient safety incidents including a focus on pressure damage care planning and incident reporting</li> <li>• Nationally reported patient safety incidents</li> <li>• Duty of Candour</li> <li>• Infection control including hand hygiene</li> <li>• The nosocomial COVID-19 review programme</li> <li>• Inspections and peer reviews including activity of Healthcare Inspectorate Wales (HIW)</li> </ul>	

<b>QSEC (23)110</b>	<p><b>OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB COMMITTEE UPDATE REPORT</b></p> <p>Mr William Oliver presented an update from the Operational Quality, Safety and Experience Sub Committee that took place 7 November 2023 and provided the key highlights from the meeting which included:</p> <ul style="list-style-type: none"> <li>• Welsh Risk Pool have launched a consent E-Learning programme for use across Wales, which is available via ESR across professions. A submission has been made to the Learning and Development team for consideration of whether to make it a mandatory training requirement.</li> <li>• Update reports relating to NICE compliance will be presented to QQSESC three times a year.</li> <li>• Oncology services presented their first report and further updates will be scheduled as part of the work programme. The recruitment</li> </ul>	
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challenges which are having an impact on the waiting times was highlighted.

- The Sub-Committee noted the comments regarding the pressures and ongoing RAAC work, which is having an impact on staff morale in Withybush Unscheduled and Emergency Care.
- A positive update was shared from Bronglais Hospital Unscheduled Care service: Health Education Improvement Wales revisited the hospital in October 2023 and reported a significant improvement in the reception for foundation grade doctors and 100% of the training grade doctors interviewed said that they would recommend the hospital for training to their peers. A special thanks was passed on to Ms Claire Davies, Hospital Manager for co-ordinating the training. Improvements are also being made in the governance arrangements, management of incidents and work will take place to improve closing the reports in a timely manner.
- Glangwili Hospital Unscheduled and Emergency Care reported positive developments in nursing recruitment. A recent piece of work undertaken as part of the Directorate Improving Together Sessions to improve ambulance handover delays and length of stay for ready to discharge patients with a positive impact on changes to processes already noted to support patients through pathways as quickly as possible. Concerns were raised regarding cleanliness at Glangwili Hospital and the allocated cleaning hours.
- The Sub Committee received limited assurance for processes in place across services for children and young people up to 25 years old with additional learning needs in response to the Additional Learning Needs and Educational Tribunal (Wales) Act 2018 (ALN Act). Concern raised regarding limited progress in meeting the statutory duties of the ALN due to gaps in the operational process and data infrastructure needed to meet the requirements of the Act; and complexities associated with the involvement of multiple Directorates within the Health Board and three different Local Authorities.
- The Sub Committee received an update from the RADAR group noting the issues in demand and staff capacity and accommodation challenges to provide Do Not Attempt Cardiopulmonary Resuscitation training which is being picked up via a Task and Finish Group and will continue to be monitored by QQSESC.

In response to a concern raised by Mrs Raynsford as a recent Member of QQSESC regarding a gap in Primary Care services reporting at the meeting, Mr Oliver confirmed that Primary Care are scheduled to report at every other meeting. It was agreed that a revision to the reporting arrangements will take place to spread the Directorate reporting schedule more consistently for all Directorates. Mrs Rayani also confirmed that a reminder has been circulated to Members regarding prioritising attendance.

Referring to the ALN challenges, Mr James Severs updated the Committee that he recently met with the Designated Education Clinical Lead Officer and monthly meetings will take place to touch base on the progress and any hurdles being faced and will provide an update to the Committee in the new year.

The Committee **NOTED** the update report.

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<b>QSEC (23)111</b>	<b>LISTENING AND LEARNING SUB COMMITTEE UPDATE REPORT</b>	
	<p>Mrs O'Connor presented an update from the Listening and Learning Sub Committee and highlighted to the Committee the risks to quality and patient experience due to delays in implementing a Palliative Care strategy.</p> <p>Mrs O'Connor drew attention to the action plan in response to the recommendations contained in the following reports: Ombudsman's annual letter; groundhog day 2 report; Welsh Risk Pool assessment 2022-23; and internal audit reports for lessons learnt and patient experience. The Sub Committee will closely monitor the action plan and any areas of concern with compliance would be escalated to the Quality, Safety and Experience Committee as appropriate.</p> <p>Mrs Delyth Raynsford suggested that the risks associated with Medical Records Management issues is raised via the Strategic Development and Operational Delivery Committee due to the impact on patient care and Mrs O'Connor agreed that the governance reporting arrangements are under discussion to ensure a link between the Committees on the developments from LLSC meetings.</p>	<b>LOC</b>
	<p>The Committee <b>RECEIVED ASSURANCE</b> that the actions taken by the Sub-Committee to mitigate the risks are adequate to address the learning from previous events and improve the arrangements for the care of patients in future.</p>	

<b>QSEC (23)112</b>	<b>EPILEPSY IN LEARNING DISABILITIES REVIEW REPORT</b>	
	<p>Ms Rebecca Temple Purcell provided an update from the external review of epilepsy in Learning Disabilities services, highlighting that the slides provide an update on the steps taken and action plan going forward within the service. Members noted that the external review was commissioned in response to concerns raised when a consultant in the service left, which highlighted a single point of failure in terms of the service being centred around one individual. Mr Carruthers advised that the aim is to form a sustainable and tiered model and positive steps have been made so far, with new roles instigated and a commitment to a quality improvement approach during the development of the new model.</p> <p>Mr Carruthers informed Members that when the review was commissioned there were 180 patients, some of whom had not been seen in 12 months when the Consultant departed. Professor Shankar's review recommended that the pathway model needs to be prepared to manage the demand of potential patients in the region that the health board are not currently aware of if required.</p> <p>Ms Lewis highlighted that from the Committee's point of view, the main concern is pace of progress, and enquired how this can be accelerated. Acknowledging the Chair's comments, Mr Carruthers shared that the outcome of the review has taken longer than originally anticipated, however engagement with patients and carers have been crucial in developing the next steps. Mr Carruthers advised that the service has not been static while awaiting the outcome of the review, and several changes have already been implemented from early feedback from Professor Shankar.</p>	

	<p>Ms Kay Isaacs updated Members that a workshop has been arranged for January 2024 to progress the pathway developments with involvement of carer representatives and the team are keen to work with Primary Care to ensure a clear pathway model. Members noted the Learning Disability improvement programme is also underway that is currently in the consultation stage.</p> <p>Mrs Patel enquired whether there is ring fenced funding for the service. In response, Mr Carruthers advised that there are funding arrangements in place, however there are challenges to be addressed for recruitment for a neurologist for epilepsy and different options are being explored. Mr Carruthers advised that the immediate actions are achievable however establishing a sustainable service is more challenging due to the constraints of the historical model. Ms Rebecca Temple Purcell advised that she is not aware of ring fenced funding and the service covers the funding from what is available to them. Ms Temple Purcell advised that the next steps aim to ensure the mainstream services are fit for purpose and accessible.</p> <p>Ms Ann Murphy highlighted that the slides shared were not easy to read, particularly in terms of the subject matter of epilepsy.</p> <p>The Committee <b>NOTED</b> the update.</p>	
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<p><b>QSEC (23)113</b></p>	<p><b>MENTAL HEALTH AND LEARNING DISABILITIES UPDATE ON DISCHARGE ARRANGEMENTS</b></p> <p>Ms Rebecca Temple Purcell provided an update on the self-assessment and intentions around the actions in response to the HIW inspection of Cwm Taf University Health Board's (CTMUHB) discharge arrangements in the Mental Health (MH) Service. Members noted a range of improvement actions were identified to be carried out and monitored through the MHL D Directorate quality and safety meeting and a specific task and finish group has been established to monitor actions, share learning and national benchmarking.</p> <p>Ms Temple- Purcell informed Members that while progress is not being made at the pace the Directorate would have hoped for, due to varying pressures and capacity challenges, the team are making progress with the actions, however unfortunately, several timescales have been pushed back.</p> <p>Thanking Ms Temple-Purcell for the update, Ms Lewis enquired with regards to the set of requirements from HIW following the inspection of CTMUHB, whether there is data to suggest that there may be issues within Hywel Dda's current discharge arrangements. Ms Temple Purcell shared that nothing has emerged specifically relating to discharge has been highlighted, however feels the biggest challenge is not having the infrastructure in place to capture evidence and track performance. Providing an example of the 'routine reporting and monitoring of compliance with 72 hour follow up' requirement, the service are confident that this is being delivered to patients however despite audits and spot checks undertaken this is not being evidenced. Tracking processes to be able to evidence performance will be implemented going forward. Ms Lewis acknowledged that the improvements to the performance infrastructure will provide a better understanding of areas for improvement.</p>	
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	<p>Mrs Rayani highlighted that the Directorate currently use the Care Partner system to report data and it is nationally recognised that improvements are required in the overall records management across Wales to ensure systems have interoperability where necessary to support patients. The Directorate continue to be heavily reliant on manual processes and Mrs Rayani noted limited assurance in the pace of the electronic management developments. In response to a query from Ms Murphy regarding the strive for interoperable systems and who will be responsible for monitoring access, Mrs Rayani advised that an information sharing agreement and internal monitoring would need to be established. Mrs Rayani reiterated that the ability to share information between teams is something that needs to improve for the benefit of patients and staff. Ms Temple Purcell shared that as every Health Board in the country has been tasked with the recommendations, national support will be welcomed and there will be benefits in consistency in practice.</p> <p>Referring to the action to enable Local Authority Social Workers who are providing a service to the Health Board access to DATIX system, Ms Steele provided assurance that limited access will be set up for the information needed from referrals, and this will be a tightly managed process by the Quality Assurance Team.</p> <p>Referring to a number of overdue actions in the report, Mrs Patel enquired whether new dates have been set within the Audit Management and Tracking (AMAT) System. Ms Temple-Purcell confirmed that revised dates have been set from an operational perspective and these have been updated via AMAT.</p> <p>Ms Temple Purcell advised that updates and the findings from the improvement work underway can be presented at a future QSEC meeting if required, however in the meantime comprehensive updates will be shared via QQSESC.</p>	
	<p>The Committee NOTED the progress, challenges and revised timescales associated with delivery of planned actions to improve arrangements that support the delivery of safe, effective and timely care surrounding discharge of patients from inpatient mental health services into the community.</p>	

<p><b>QSEC (23)114</b></p>	<p><b>NHS EXECUTIVE ALL WALES REVIEW OF NEURODEVELOPMENT AND PSYCHOLOGY AND PSYCHOLOGICAL INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE</b></p> <p>Ms Lisa Humphrey updated the Committee on the NHS Executive All Wales review of Neurodevelopment (ND) and Psychology and Psychological Interventions for children and young people of which the outcome reports have been shared. Ms Humphrey highlighted that both reports shared similar aims, such as to clarify pathways, share learning and understand challenges in service delivery.</p> <p>A number of positive outcomes were highlighted to the Committee such as the Health Board meeting or partially meeting 5 out of the 6 All Wales ND Standards and extensive process mapping and robust performance management processes in place. The findings from both reviews came as no surprise to the teams as the challenges are well understood across the service and immediate progress is being made for recommendations where possible.</p>	
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The Committee noted that the two reports provide 9 recommendations that are quite similar in themes, with Ms Humphrey highlighting neither pathway having a single point of entry which can be complicated and unclear for patients. Two multi-disciplinary groups have been formed and are working together to develop an action plan within the coming month. The groups are being led jointly by Ms Humphrey, General Manager in Women and Children's Services and Ms Angela Lodwick, Assistant Director in Mental Health and Learning Disabilities services and Therapies colleagues also form part of the MDT meetings.

In terms of governance, Members noted that the reports from the MDT meetings are being reported via the Acute Leadership groups, Women and Childrens Quality, Safety and Experience Group and the Operational Planning, Governance and Performance Group. The action plan progress will be reported via QQSESC and updates will also be fed through the Children and Young People's Working Group.

Referring to a recommendation that the Health Board should review access to pathways and processes, Mrs Patel enquired why the Health Board does not have a standardised approach and what can be done to guide individuals to set up these processes. Ms Humphrey acknowledged that work is required to form a specific ND service with a single point of entry and noted the challenges to work through the different pathways and processes in place, due to the historical infrastructure.

Mr Will Oliver enquired whether there are opportunities to collaborate with the additional learning needs work underway which Ms Humphreys agreed would be beneficial.

Mrs Raynsford passed on gratitude to the team for the hard work undertaken and was pleased to note the pace of improvements accelerating.

Drawing attention to the national challenges in timely access for children and young people for these services, Ms Anna Lewis enquired how confident the team feel that the changes will make material improvements and if not, how much resource and investment will be required to achieve this. Agreeing that that there are extended waits for services and that the teams are working together to address the challenges, Ms Humphrey shared that pooling resources and reshaping services to maximise the expertise which spans across Directorates to improve the pathway will be the helpful. Work is underway to understand the gaps in services and further investment will be required to understand the waiting list.

Ms Lewis noted the update on the reasonable scrutiny undertaken by the NHS Exec and limited improvements undertaken to date due to the wider constraints which will be reported to Board and requested an update on the action plan and progress is forward planned for QSEC in April 2024.

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The Committee **NOTED** the update and agreed to forward plan an update on the action plan for the Committee in April 2024.

<p><b>QSEC (23)116</b></p>	<p><b>WHC/2023/036 - SPEAKING UP SAFELY FRAMEWORK - NHS WALES</b></p> <p>Mr Robert Blake provided an update on the Speaking up Safely Framework and the robust work undertaken to date, which has been seen as exemplary across Wales. Members noted the robust action plan and the inception of a task and finish group to progress and monitor actions. Mr Blake noted the</p>	
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	<p>strive for a cultural development programme to promote an environment of psychological safety for staff and patients to feel empowered to raise concerns and speak out and be confident that actions will follow.</p> <p>Mrs Rayani thanked Mr Blake for the update on the significant work taking place. It was noted that the increase in incident reporting in recent years suggests a cultural improvement in staff raising issues, and shared that the Quality Assurance Team reach out to staff to acknowledge and thank them for reporting incidents. Mr Blake added that there may be further improvements to make in this area as there has been some feedback that reporting incidents may be detrimental for career opportunities, and some myth busting can be explored.</p> <p>Ms Anna Lewis was pleased to receive the update and urged every part of the organisation to play a part in progressing the important cultural developments. On behalf of the Committee Ms Lewis thanked Mr Blake for the update and offered the Committees support to the Task and Finish Group.</p> <p>The Committee <b>NOTED</b> the work being undertaken to fully embed a speak up safely culture in the Health Board.</p>	
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<b>QSEC (23)117</b>	<b>PUBLIC HEALTH WALES UPDATE ON TUBERCULOSIS REVIEW ACTION PLAN</b>	
	<p>Dr Ardiana Gjini presented the Public Health Wales updated action plan following the Tuberculosis (TB) Llwynhendy outbreak review, passing on a special thanks to the team for their input and Professor Kloer for undertaking the Executive Leadership role during Dr Gjini's recent recruitment in to post as the Director of Public Health.</p> <p>Members noted that since the previous update in October 2024, there were three recommendations outstanding, and Dr Gjini confirmed that actions under the Health Board's responsibility have now been completed.</p> <p>Referring to the funding for the vaccinations and hub should another outbreak occur, Dr Gjini explained that funding had previously been secured from a non-recurrent grant from Welsh Government and it has not been confirmed that this funding will be available in the future.</p> <p>Dr Gjini updated Members that the Public Health Wales Outbreak Control Plan has been drafted, reviewed and is in the finalisation stage and will clarify that should there be an outbreak, the funding should be covered from three organisations, Public Health Wales, Health Board and Local Authority partners. Dr Gjini added that even though there will not be a dedicated ring fenced funding pool for outbreak response, there will be protocols in place should an outbreak occur and there will be dedicated capacity to respond, for example a Public Health consultant will be deployed and a Communications Hub will be utilised for screening.</p> <p>The Committee <b>NOTED</b> the updates in the report and acknowledge the work being undertaken to strengthen the TB team with the Health Board and <b>NOTED</b> the continued work underway to mitigate risk and seek capacity to manage any outbreaks or other screening needs that may arise.</p>	

<b>QSEC (23)118</b>	<b>DISCHARGING OF FINANCIAL DUTIES AND THE IMPACT ON QUALITY AND SAFETY</b>	
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	<p>Ms Ceri Griffiths presented a high-level assessment of the impact so far of discharging the Health Board's financial duties on quality and safety with a focus on the nursing agency control measures. The Committee were informed that according to the data obtained from the Harms Dashboard, there is no notable concerning impact so far however the position will be monitored closely, and an update can be presented to the Committee in April 2024.</p> <p>Mrs Rayani highlighted that the data from the quality, safety and risk incidents on slide 7 indicate a deteriorating position and enquired whether scrutiny has taken place for these incidents, as it has been raised via the Quality Assurance Team that sometimes data is input as catastrophic and is not reflective of the incident. Ms Griffiths confirmed that there has been an increase in high and extreme risks but highlighted that this is not solely relating to agency staffing financial control measures, as a range of pressures are being faced across the Health Board such as accommodation challenges and the impact of the Reinforced Aerated Concrete Major incident works. In response, Mrs Rayani suggested it would be helpful in the next update to provide the leading indicators and link the risks with specific actions being undertaken as part of the quality impact assessment process to clarify the impact on quality and safety due to specific changes.</p> <p>Thanking the team for the update, Ms Lewis recognised that it is important to be proactive in capturing this information, however noted that it may be too soon to make judgement on the impact of the control measures. As the work evolves, it will be useful to ascertain hot spot areas that are most affected and develop metrics for learning across the Health Board.</p>	KL
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> assurance from this initial high level assessment of quality indicator data presented that the financial recovery measures applied do not indicate a direct adverse correlation on available quality indicator data</li> <li>• <b>NOTED</b> that there continues to be ongoing work around the quality indicators referenced in this presentation (e.g. pressure damage to ensure accurate recognition, timely treatment and/or prevention measures) and those indicators where deteriorating trends pre-date the application of the financial recovery measures</li> <li>• <b>AGREED</b> to receive a further update in April 2024 to further assess the continuing impact of the financial recovery measures on quality and safety indicators</li> </ul>	
QSEC (23)119	<p><b>CORPORATE RISK REGISTER</b></p> <p>The Committee received the Corporate Risk Register. Referring to Risk 1664 - Risk to Ophthalmology service delivery due to a national shortage of Consultant Ophthalmologists and the inability to recruit, Mrs Joanne Wilson advised the Committee that a deep dive into Ophthalmology took place at Audit Risk and Assurance Committee in December 2023 which will be escalated to Board due to the challenges. Providing context, Mrs Carly Hill updated the Committee of national developments such as the Senedd undertaking a sustainability review given the increasing demand on primary Care services.</p>	

	<p>Referring to Risk 1531 - Risk of being unable to safely support the Consultant on-call rota at WGH and Glangwili Hospital due to workforce pressures, Ms Lewis requested the outcome of the update to reflect the current situation at the Acute Leadership Group in November 2023. Ms Carly Hill advised that increasing Medacs cover has been discussed at the Financial Delivery Group to make the rota more robust, however the current cover arrangements will continue, and operational arrangements are being continuously reviewed to manage the risks.</p> <p>Highlighting the significant risks being faced across the Health Board, Ms Lewis noted that the work underway to clarify the risk appetite for Board is timely, with major pressures and challenges at hand going into the winter period. Reflecting upon the narrative for risk mitigation Ms Lewis felt this is suggestive that everything that can be done has been done and this may benefit from review.</p>	
	<p>The Committee received assurance 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> </ul> <p>And challenged where assurances were inadequate.</p>	

<b>QSEC (23)120</b>	<b>PHYSIOTHERAPY SERVICES WAITING TIMES- QUALITY IMPACT ASSESSMENT</b>	
	Deferred for the meeting scheduled for 13 February 2024	

<b>QSEC (23)122</b>	<b>SAFEGUARDING STEERING WORKING GROUP</b>	
	<p>Ms Mandy Nichols Davies provided an update from the Safeguarding Steering Group and shared the key highlights from the meeting.</p> <ul style="list-style-type: none"> <li>• Further to the Women's' Right Network publication of sexual assaults and rapes in hospitals in England and Wales in April 2023, the Director of Nursing, Quality and Patient Experience has agreed that an internal Sexual Safety Group is established. Membership and Terms of Reference are to be agreed.</li> <li>• Carmarthenshire cluster funding for the Identification and Referral to Improve Safety (IRIS) pilot ends in March 2024.</li> </ul> <p>Mrs Rayani advised that in response to the Women's networks concerns and call to apply single sex exemptions for hospital wards to ensure that women and girls in particular are adequately protected, discussions will take place on a national level regarding direction and policy for sexual safety and processes for transgender patients in terms of clinical environment arrangements. The Sexual Safety Group will feed in to the Safeguarding Steering Group with updates.</p> <p>Mrs Delyth Raynsford enquired whether the increase in child safeguarding concerns are being faced nationally or whether the health board are an outlier. Ms Nichols- Davies informed Members that unfortunately, this is a national trend and the impact on staff pressures and wellbeing is being addressed at the national safeguarding group. Mrs Rayani highlighted that the impact of the</p>	

	<p>pressures and distressing nature of referrals on the Safeguarding Team cannot be underestimated and while the team are supportive of each other, restorative supervision sessions are being offered to the teams.</p> <p>Ms Anna Lewis sought assurance that the risks associated with IRIS funding coming to an end is on the Executive Team's radar. Mrs Rayani confirmed that this has been flagged to the Director of Primary Care and noted that while it is not within the gift of Executives to persuade the Cluster Planning Group about funding decisions, undertaking an evaluation will be important.</p>	
	The Committee <b>NOTED</b> the update.	

<b>QSEC (23)123</b>	<b>WELSH HEALTH SPECIALISED SERVICES COMMITTEE QUALITY AND SAFETY JOINT CHAIR'S REPORT</b>	
	Shared for information.	

<b>QSEC (23)124</b>	<b>HEALTH BOARD PATIENT EXPERIENCE REPORT</b>	
	Shared for information	

<b>QSEC (23)125</b>	<b>INTEGRATED QUALITY, PLANNING AND DELIVERY / ENHANCED MONITORING MINUTES</b>	
	Shared for information	

<b>QSEC (23)126</b>	<b>QSEC FORWARD WORK PROGRAMME 2023/24</b>	
	Shared for information	

<b>QSEC (23)127</b>	<b>DATE OF NEXT MEETING</b>	
	Date of Next Meeting; 13 February 2024	