

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

Date and Time of Meeting:	9:30am, 13 June 2023
Venue:	Boardroom, Ystwyth Building/ MS Teams

Present:	<p>Ms Anna Lewis, Independent Member (Committee Chair)</p> <p>Mrs Delyth Raynsford, Independent Member (Committee Vice Chair)</p> <p>Mrs Judith Hardisty, Independent Member and UHB Vice Chair</p> <p>Ms Ann Murphy, Independent Member</p> <p>Mrs Chantal Patel, Independent Member</p>
In Attendance:	<p>Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (Lead Executive)</p> <p>Professor Philip Kloer, Medical Director and Deputy Chief Executive Officer</p> <p>Mr Sam Dentten, Llais Cymru</p> <p>Ms Alison Shakeshaft, Executive Director of Therapies and Health Science</p> <p>Ms Jill Paterson, Director of Primary Care, Community and Long Term Care</p> <p>Ms Sharon Daniel, Assistant Director of Nursing</p> <p>Ms Cathie Steele, Head of Quality and Governance</p> <p>Ms Bethan Lewis, Assistant Director of Public Health</p> <p>Dr Megan Harris, Public Health Consultant</p> <p>Dr Subhamay Ghosh, Associate Medical Director for Quality & Safety</p> <p>Mr Andrew Carruthers, Director of Operations</p> <p>Mrs Joanne Wilson, Board Secretary</p> <p>Mrs Louise O'Connor, Assistant Director, Legal Services/Patient Experience</p> <p>Mr Steven Hughes, Deprivation of Liberty Safeguards Co-ordinator</p> <p>Dr Sion James, Deputy Medical Director – Primary Care & Community Services</p> <p>Ms Mandy Nichols-Davies, Head of Safeguarding</p> <p>Ms Liz Carroll, Director of Mental Health and Learning Disabilities</p> <p>Ms Rebecca Temple-Purcell, Assistant Director of Nursing MH & LD</p> <p>Mr Matthew Richards, Head of Commissioning, MH & LD</p> <p>Ms Melanie Evans, Head of Strategy & Service Planning, MH & LD</p> <p>Ms Debora Harry, Scheduled Care Manager</p> <p>Ms Katie Lewis, Committee Services Officer (Minutes)</p>

QSEC (23)23	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	The Chair, Ms Anna Lewis, welcomed all to the Quality, Safety & Experience Committee (QSEC) meeting.	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Mr William Oliver, Assistant Director of Therapies and Health Science 	

QSEC (23)24	DECLARATIONS OF INTERESTS	
	There we no declarations of interest.	

QSEC (23)25	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 11 APRIL 2023	
	The minutes from the meeting held on 11 April 2023 were approved as an accurate record.	
QSEC (23)26	TABLE OF ACTIONS (TOA) FROM THE MEETING HELD ON 11 APRIL 2023	
	<p>An update was provided on the Table of Actions held on 11 April 2023 on the following:</p> <p>QSEC (22)137: 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. Mrs Mandy Rayani updated the Committee to say that there are different catering services arrangements in place across the organisation and the Nutrition and Hydration Group are undertaking a review of the services in place and any implications of the Cook:Chill ordering process.</p>	
QSEC (23)27	QSEC ANNUAL REVIEW OF TERMS OF REFERENCE	
	The Chair presented the Terms of Reference for annual review, highlighting some minor changes in the Membership and deadlines. Ms Alison Shakeshaft noted an error in the Membership and Ms Katie Lewis undertook to remove the 'Professional, Practice and Development' element of the Assistant Director of Therapies' job title.	CSO
	The Committee APPROVED the QSEC Terms of Reference.	
QSEC (23)28	PATIENT STORY	
	<p>Mrs Louise O'Connor shared a mother's experience of supporting her son getting treatment and medication for a skin condition and the psychological and physical impact of a delay in the referral to the Dermatology team and the approving of medication.</p> <p>Ms Debora Harry, Scheduled Care Manager highlighted a lack of communication with the patient and across the pathways which caused unnecessary distress. A number of processes, such as the typing of clinical letters, are being reviewed by the service following the feedback. Concern was raised that this patient is not the only patient effected by the delays in receiving treatment due to process issues. Mrs Hardisty highlighted the significance of the role of the GP in the pathway improvement work underway, as this will be the first point of contact for patients when they need help which was noted. Ms Jill Paterson advised that there are a number of GP's with a specialist interest in the dermatology field that could be engaged with to discuss supporting the pathway.</p> <p>In response to discussion regarding the support that could have been provided by the Communication Hub, Ms Debora Harry advised that the mother of the patient had contacted the Communication Hub, however the message had not reached the clinical team. The Committee noted the learning opportunities from the feedback and Mrs Louise O'Connor and Ms Harry</p>	

	<p>undertook to share the patient story with the Senior Manager at the Waiting List Support Service, Communication Hub and Primary Care Service to strengthen the pathway with quality improvement initiatives.</p> <p>Mr Samuel Dentten welcomed the helpful feedback, and raised that communication is a recurring theme from concerns received from patients and offered Llais Cymru's support to strengthen processes where possible.</p> <p>Mr Andrew Carruthers informed the Committee of the rolling 'A Regional Collaboration for Health' (ARCH) programme which has been looking at the improvement opportunities within the Dermatology Service in collaboration with Swansea Bay University Health Board. Mr Carruthers raised that in the context of the Ministerial Priorities set out by Government, the ARCH programme will not have capacity to support all of the initiatives in the programme due to resource limitations and further discussion will need to take place on how to support this work.</p> <p>Ms Anna Lewis thanked the team for sharing the story and noted the quality improvement plans that are in early development. Ms Lewis highlighted the broader themes around communication that keep emerging through patient stories, which are worthy of reflection in the right forum. Ms Lewis asked the team to pass on the Committee's thanks to the patient and mother for sharing their experience and providing helpful feedback.</p>	LOC
	The Committee NOTED the Patient/Staff Story.	

QSEC (23)29	<p>QUALITY ASSURANCE REPORT</p> <p>Ms Cathie Steele presented the Quality Assurance Report to the Committee.</p> <p>Ms Anna Lewis, referring to the Hot Spots data within the slides that highlights a growing trend in concerns relating to pressure damage and medication errors, enquired what actions are being taken to address this and when the Committee can expect to see an improving trajectory for this activity. In response, Ms Steele explained that additional data is now being captured from the Health Board's Community Pharmacies which may explain the increase in medication errors on the system. The Medication Review Group continues to investigate every error and thorough re-training is undertaken where required.</p> <p>Ms Steele highlighted from the incident reporting slides that for the pressure damage incidents, 26% are reported as developing or worsening during clinical care, there is an improvement action plan underway. Ms Anna Lewis requested an update on the actions and anticipated timelines for an improving trajectory for pressure damage concerns to be included within the next Quality Assurance Report.</p> <p>Mrs Judith Hardisty raised the potential correlation between staffing levels and pressure damage rates, highlighting a recent engagement visit where the Ward staff were clearly aware of challenges and although the Nurse Staffing Levels requirements is met on this particular Ward, questioned whether the establishments are fit for purpose. In response, Mrs Rayani explained that regular reviews of staffing levels are undertaken within the Health Board, and if it is found that further investment is required, this proposition will be taken via</p>	CS
------------------------	---	----

Executive Team to prioritise resourcing. If there is a quality or safety risk for patients, Board will be kept informed on the decisions and implications.

Mrs Rayani assured the Committee that within the last year, the Tissue Viability team have secured additional staffing resources and additional training and education methods have been implemented. Mrs Rayani also raised that that the data relating to pressure damage within A&E department may have occurred prior to admission.

Mrs Hardisty noted that an update on hand hygiene levels would be helpful and Ms Cathie Steele undertook to include an update within Quality Assurance Report for the next meeting.

Ms Anna Lewis, noting the data from April 2023, whereby 340 incidents were captured under the Duty of Candour threshold, and only four cases met the criteria for contact with the family, enquired regarding the review process for determining the cases that meet the requirements. Ms Steele explained that a grading process is in place and each case is reviewed individually by the Directorate and Quality Assurance Team. If an agreement is made that the Duty of Candour threshold has been met, the patient and family are contacted, outlining next steps. Management staff will be issued with reminders to review incidents reported and the Duty of Candour process requirements which is a similar process within other Health Board's across Wales.

Ms Anna Lewis requested further information on the update within the Infection Prevention and Control (IPC) slides that further commitment is needed from medical teams to conform with mandatory 'Start Smart Then Focus' audits. In response, Mrs Rayani advised the Committee that work is underway to urge medical attendance at the Multi-Disciplinary Team (MDT) IPC Quality Panels, in particular from the Secondary Care Directorate, noting that at the previous meeting there was one medic in attendance, appreciating the current pressures on staff. The Committee reflected upon the significance of MDT engagement to improve infection prevention, especially now in light of the enhanced monitoring measures in place from Welsh Government for C-Difficile infection rates.

Referring to the Health Inspectorate Wales (HIW) recommendation slides with timelines that have been extended for future dates, Mrs Joanne Wilson sought assurance that HIW are kept informed of any revised timelines. Ms Cathie Steele advised the Committee that when the Directorate Leads request an extension on these dates, HIW are updated and audits take place with regards to any slippages.

Ms Anna Lewis thanked Ms Steele for the useful update report.

The Committee **NOTED** the safer care collaborative work and **TOOK ASSURANCE** that processes, including the Listening and Learning Sub Committee, are in place to review and monitor.

CS

QSEC
(23)30

**HEALTH AND SOCIAL CARE QUALITY AND ENGAGEMENT (WALES) ACT
2020 UPDATE**

The update is included within the Quality Assurance Report.

QSEC (23)31	PUBLIC HEALTH WALES AND OPERATIONAL PLAN IN RESPONSE TO THE LLWYNHENDY TUBERCULOSIS REVIEW	
	<p>Professor Philip Kloer provided an update on the Public Health Wales and Health Board Operational Plan in response to the Llwynhendy Tuberculosis (TB) Review, advising Members that the outbreak is ongoing and there is an established Outbreak Control Team managing this. An overview was provided of the external review undertaken and a joint action plan for the Health Board and Public Health Wales has been developed which has been presented to Public Board. Professor Kloer advised that there are a range of actions which the Health Board are taking forward, some have met challenges due to funding issues and some are being managed through the TB Operational Group.</p> <p>Ms Anna Lewis enquired whether the 3-6 month timelines for completion of a number of the actions is reasonable. In response, Dr Megan Harries undertook to review the deadlines at the next TB Operational Group and an updated action plan will be shared with the Committee's table of actions for the next Quality, Safety and Experience Committee in August 2023.</p> <p>In response to a query from Mrs Judith Hardisty regarding the screening of refugees, Dr Megan Harris provided assurance that Public Health Directorate is also currently reviewing its response to TB screening of Ukrainian refugees arriving in Wales and further discussion around the pathway will take place at the upcoming TB Operational Group.</p> <p>Mrs Raynsford highlighted that it is an anxious time for residents and sought assurance that effective engagement with the public is underway. In response, Professor Kloer advised that letters have been sent to the relevant persons inviting them to come forward to be screened and would want to manage communication carefully to avoid causing confusion for the public. Dr Harries added that the engagement arrangements are being managed by the Outbreak Control Management Group.</p> <p>Prof Kloer advised that an update on the Public Health Wales (PHW) actions will be provided once this has been reported through PHW Quality and Safety Committee. As the reporting cycle falls outside of the Health Board's QSEC schedule of meetings, it was agreed that an update on the action table will be provided as part of the table of actions for the next Committee.</p>	MH MH/PK
	The Committee TOOK ASSURANCE that a clear plan is in place to improve the quality and safety of the TB service, with changes already made and the TB operational group established to continually review the service	
QSEC (23)32	A PRESENTATION ON THE REVISED OPERATIONAL GOVERNANCE ARRANGEMENTS	
	The presentation on the revised operational governance arrangements has been deferred to the meeting in October 2023.	
QSEC	NATIONAL COLLABORATIVE COMMISSIONING UNIT QUALITY IMPROVEMENT SERVICE ANNUAL POSITION STATEMENT 2022/23	

Ms Anna Lewis enquired whether the 3-6 month timelines for completion of a number of the actions is reasonable. In response, Dr Megan Harries undertook to review the deadlines at the next TB Operational Group and an updated action plan will be shared with the Committee's table of actions for the next Quality, Safety and Experience Committee in August 2023.

In response to a query from Mrs Judith Hardisty regarding the screening of refugees, Dr Megan Harris provided assurance that Public Health Directorate is also currently reviewing its response to TB screening of Ukrainian refugees arriving in Wales and further discussion around the pathway will take place at the upcoming TB Operational Group.

Mrs Raynsford highlighted that it is an anxious time for residents and sought assurance that effective engagement with the public is underway. In response, Professor Kloer advised that letters have been sent to the relevant persons inviting them to come forward to be screened and would want to manage communication carefully to avoid causing confusion for the public. Dr Harries added that the engagement arrangements are being managed by the Outbreak Control Management Group.

The Committee **TOOK ASSURANCE** that a clear plan is in place to improve the quality and safety of the TB service, with changes already made and the TB operational group established to continually review the service

QSEC (23)32	A PRESENTATION ON THE REVISED OPERATIONAL GOVERNANCE ARRANGEMENTS	
	The presentation on the revised operational governance arrangements has been deferred to the meeting in October 2023.	

QSEC	NATIONAL COLLABORATIVE COMMISSIONING UNIT QUALITY IMPROVEMENT SERVICE ANNUAL POSITION STATEMENT 2022/23	
-------------	--	--

(23)33	<p>Mr Matthew Richards presented the key highlights from National Collaborative Commissioning Unit (NCCU) Quality Improvement Service Annual Position Statement 2022/23.</p> <p>Mrs Delyth Raynsford sought assurance that patient feedback is being collated and is utilised as part of the commissioning contract arrangements. In response, Mr Matthew Richards confirmed that patient experience is collated as part of the patient reviews and care and treatment planning. This is being enhanced with the establishment of mentors within the team and a 'hearing patients' voice' project is underway. If a concern is raised by a patient, Mr Richards explained that this would instigate an incident review.</p> <p>Mrs Judith Hardisty enquired why Pembrokeshire Local Authority are an outlier for commissioning Care Home placements (on page 7 of the report). Mr Richards explained that the data cannot be compared as Pembrokeshire are the only welsh Local Authority that use the NCCU Care Home Framework for all of their placements, while others use it more piecemeal. It was noted that Ceredigion and Carmarthenshire do not use it at all and have their own contract arrangements in place.</p> <p>Ms Anna Lewis enquired regarding why Hywel Dda patients are not in the top five national providers for mental health inpatient care, noting that the reasons provided within the SBAR are not necessarily factors that are exclusive to Hywel Dda. In response, Mr Richards highlighted the capacity challenges since the COVID-19 Pandemic, adding that Hywel Dda have a lower number of placement referrals than other Health Boards and work hard to prioritise keeping patients as close to home as possible. Mrs Rayani asked why the Hywel Dda's number of referrals are lower than other Health Boards, raising concern as to whether Hywel Dda are disadvantaging patients by not having the same pathways. Mr Richards assured the Committee that there are dedicated staff including a Consultant Psychiatrist that focus upon the secure accommodation placement pathway and ensure that all local options are explored prior to booking private sector placements. Mr Richards noted that commissioned placements have reduced significantly over the last 4 or 5 years.</p> <p>Mrs Hardisty suggested inviting the National Collaborative Director for Commissioning to a future QSEC meeting to discuss national reviews and what the outcomes will mean for the Health Board.</p>	CSO
	<p>The Committee CONSIDERED the overview of the report provided and RECEIVED ASSURANCE that commissioned placements are made with the necessary governance and quality assurance arrangements provided by the All Wales framework arrangements.</p>	

QSEC (23)34	<p>EPILEPSY IN LEARNING DISABILITIES OUTCOME OF SERVICE REVIEW</p> <p>The Committee received an update on the Epilepsy in Learning Disabilities external service review. Mr Carruthers advised the Committee that the draft report has been received with recommendations. Work has commenced on solutions with reflections included from service users and carers.</p> <p>Mrs Hardisty sought assurance that the straightforward actions such as engagement with Neurology Colleagues and GPs have been actioned. Ms</p>	
----------------	--	--

	<p>Evans updated the Committee that engagement is underway with the Epilepsy team, discussions are underway via the GP Cluster meetings and with the Quality Improvement team in response to the recommendations. Workshop events with service users and carers will also take place as part of the journey.</p> <p>The Committee were grateful for the update and Mr Carruthers undertook to share the final report when received.</p>	ME/AC
	The Committee RECEIVED the update regarding the interim report from the external review.	

QSEC (23)35	MENTAL HEALTH AND LEARNING DISABILITIES (MHLD) OUTCOME OF SELF ASSESSMENT FOR ADULT INPATIENT DISCHARGE ARRANGEMENTS	
	<p>Ms Rebecca Temple Purcell provided the key highlights from the outcome report of the MHLD Self-Assessment for Adult Inpatient Discharge Arrangements, noting that the scale and scope of the review has been vast, with a number of recommendations spreading across a variety of themes. Ms Temple- Purcell drew attention to a key action, which is to establish a Discharge Review Task and Finish Group as a temporary sub- group of the Mental Health and Learning Disabilities Quality, Safety and Experience Group (QSEG) and will look at compliance, improvements and shared learning. The group will also undertake formal benchmarking against National Institute for Care Excellence (NICE) guidelines for transition between inpatient mental health settings and community or care home settings.</p> <p>Ms Anna Lewis queried the timeframes for a number of actions which are within the next six months and questioned whether this is achievable. Ms Temple- Purcell advised that a number of actions overlap with work that is already in progress. Being new in post, Ms Temple-Purcell updated the Committee that the actions under her responsibility provide her with focus over the next six months, and while some areas within the action table may face challenges, the Directorate are reviewing these on a regular basis via QSEG.</p> <p>Mrs Hardisty raised concern that the risks highlighted within the report are not included within the Risk Register paper that has been shared ahead of the upcoming Mental Health Legislation Committee. Mrs Joanne Wilson advised that they may be on the system however they may not reach the corporate reporting level, however Ms Temple Purcell undertook to check and review the risks on the system.</p> <p>Ms Anna Lewis enquired whether there are particular causes for concern within the Department regarding the discharge process. In response, Ms Temple- Purcell is not aware of areas of significant concern however has asked for all serious incidents and deaths of discharged patients over the last two years to be collated and fed back in order to ascertain whether the data coming through is typical. An update will be provided to QSEC in October 2023 with an update on the triangulation of data and a review of risks.</p> <p>The Committee received assurance that the action plan and work underway is thorough and detailed, however received limited assurance from the existing arrangements and expressed caution of the ambitious timescales.</p>	<p>RTP</p> <p>RTP</p>
	The Committee received LIMITED assurance of existing arrangements and further 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.	

QSEC (23)36	ASSESSING AND PRIORITISING FRAGILE SERVICES	
	<p>Mr Subhamay Ghosh presented the Assessing and Prioritising Fragile Services report and shared thanks to Ms Sharon Daniel for preparing the SBAR that provides an update on the piece of work underway to determine a definition of fragility, and methods to make the organisation aware of fragility within a service and the level of risks.</p> <p>Ms Daniel advised that by utilising the Framework for Safe Reliable and Effective Care and undertaking a 'resilience systems analysis' to understand the services capacity to absorb, this will help develop a road map to boost resilience.</p> <p>On behalf of the Committee, Ms Anna Lewis thanked Ms Daniel and Dr Ghosh for the helpful update which highlights that the organisation is serious in its accountability and making improvements.</p> <p>Mrs Chantal Patel sought and received assurance that education and training will be embedded as part of the assessment of fragile services journey. Mrs Patel also suggested a timely update to the Ethics Committee for further discussion when appropriate.</p> <p>Mrs Hardisty highlighted the recent work undertaken by the Assistant Director of Primary Care on a risk matrix to assess fragile General Practices. Ms Daniel undertook to liaise with the Director of Primary Care to ensure a whole system approach.</p> <p>Professor Kloer acknowledged that this is new territory for the Health Board, reflecting that there will be many services that have elements of fragility, and some services relying on a small number of individuals with risks of unsustainability. Prof Kloer welcomed the approach to apply definition and explore methods of prioritisation with Board level decisions if required.</p> <p>Ms Anna Lewis acknowledged the work underway to identify unsustainability in services prior to reaching tipping point and reflecting upon the report, suggested that there will be many degrees of interpretation and suggested that the process is not over complicated. Ms Lewis added that as it is early days in establishing the assessment process, the Committee supports the next steps to develop a Task and Finish Group, and to explore processes that other Health Boards follow.</p>	<p>SG/SD</p> <p>SD</p>
	<p>The Committee CONSIDERED the proposal and SUPPORTED the establishment of a Task & Finish Group to create a roadmap to resilience / a shared view of the way forward for fragile services utilising existing evidence and frameworks as described.</p>	

QSEC (23)37	LIBERTY PROTECTION SAFEGUARDS UPDATE	
	<p>Mr Steven Hughes presented an update regarding the indefinite postponement of the implementation of the Liberty Protection Safeguards (LPS). The Committee noted the number of referrals coming through the system are not manageable within the capacity of the team. The Deprivation of Liberty Safeguards (DOLS) arrangements have been in place for over ten years, however the level of demand for medical assessments is not being met. Ms Paterson assured the Committee that the small team are doing all</p>	

	<p>they can reasonably do to achieve the level of assessments. Prioritisation of cases and reviews of changes in circumstances for the patients are undertaken daily.</p> <p>Mr Hughes advised that as confirmation has been received regarding the indefinite postponement of the LPS, the team feel they can now focus on making the current processes work as best as possible, streamlining systems and improving compliance through training and targeted support for key professionals. The Committee noted that Welsh Government have committed to continuing to provide additional funding to reduce backlogs and improve Mental Capacity Act compliance.</p> <p>Ms Anna Lewis enquired whether there is potential for the Duty of Candour to be applied due to the demand and capacity issues. In response, Mrs Rayani explained that the criteria is quite specific however if there was an incident whereby a patient came to harm due to an inaction, or assessment not undertaken, then that would be investigated and requested that Mr Hughes and the team will reflect and monitor the referrals with this risk in mind.</p> <p>The Committee NOTED the Liberty Protection Safeguards Update Report.</p>	
--	---	--

QSEC (23)38	PLANNING OBJECTIVES UPDATE REPORT	
	<p>The Planning Objectives Update report was presented to members. Mrs Rayani highlighted that many of the Planning Objectives are now complete and embedded within current system.</p> <p>Referring to Planning Objective 3B, Mrs Rayani offered assurance that the Health Board are beginning to see the early signs of improvement and it will be important to maintain the traction within the organisation and updates will continue to be reporting to QSEC.</p>	
	<p>The Committee RECEIVED AN ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to the Quality, Safety and Experience Committee, in order to further assure the Board where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.</p>	

QSEC (23)39	OPERATIONAL QUALITY, SAFETY AND EXPERIENCE SUB-COMMITTEE	
	<p>The Operational Quality, Safety and Experience Sub Committee (QQSESC) report was presented to the Committee and Mrs Rayani advised that discussions are underway with the Chair of the Sub Committee to strengthen reporting arrangements.</p>	
	<p>The Committee NOTED the content of the QQSESC Update Report.</p>	

QSEC (23)40	LISTENING AND LEARNING SUB COMMITTEE	
	<p>The Listening and Learning Sub Committee Update Report has been deferred to August 2023.</p>	

<p>QSEC (23)41</p>	<p>STRATEGIC SAFEGUARDING WORKING GROUP</p> <p>Ms Mandy Nichols-Davies presented the key highlights from the Strategic Safeguarding Working Group such as the review of the Child Protection processes. Pembrokeshire Local Authority have been identified as one of the five Local Authorities in Wales to provide information as part of the objective to determine to what extent the current structures and processes to ensure children in Wales are appropriately placed on, and removed from the Child Protection Register when sufficient evidence indicates it is safe to do so.</p> <p>Ms Anna Lewis drew attention to the consistent increase in child safeguarding referrals, and the capacity challenges within the Corporate Safeguarding team and asked whether the mitigating actions are fit for purpose. In response Ms Mandy Davies updated the Committee that there is a Named Nurse and Lead for Safeguarding Children starting in post who will be part of reviewing capacity in the Child Safeguarding Team. The risks are currently mitigated as there is a Band 6 secondment until the end of September 2023 who is supporting some operational and improvement work across safeguarding children and Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV).</p> <p>Mrs Judith Hardisty raised concern regarding the ongoing unfilled Specialist Community Public Health Senior Nurse vacancies in each of the counties but especially in Ceredigion, which is particularly concerning for the safeguarding of children due to the Health Visiting workforce challenges. Ms Bethan Lewis noted the fragility of the service despite the actions underway such as cross border working arrangements and review of skill and suggested that an update on the service position is presented to a future QSEC meeting.</p> <p>The Committee TOOK ASSURANCE from the report provided.</p>	<p>CSO</p>
--------------------------------------	--	-------------------

<p>QSEC (23)42</p>	<p>UPDATE REPORT ON THE WOMEN'S RIGHTS NETWORK REPORT ON RAPES AND SEXUAL ASSAULTS IN HOSPITAL</p> <p>Ms Mandy Nichols Davies provided an update on a report published by the Women's' Rights Network on sexual assault and rape in hospitals in England and Wales between January 2019 and October 2022. The figures include patients, staff and visitors and highlights Dyfed Powys Police (DPP) as being in the highest three force areas for reported rapes and sexual assaults in hospitals.</p> <p>The Committee were advised that DPP have given permission to share their data with relevant Heads of Nursing to try and triangulate this data with the Health Board's Incident Reporting System. While the Corporate Safeguarding Team are confident that the Health Board is transparent in reporting allegations to Police and/or safeguarding appropriately, where they are known to the Corporate Safeguarding Team. Ms Davies advised that where any allegations are made against employees, a risk assessment is put in place and the Wales Safeguarding Procedures are fully complied with. Internal processes are followed, and Workforce Department would have those outcomes.</p> <p>Assurance was provided that services have risk assessment processes in place to assess any risk of violence including rape and sexual assault to our patients and staff. Ms Davies highlighted that an upgrade to CCTV systems in Accident and Emergency (A&E), Minor Injury Unit (MIU), Acute Clinical Decision Unit (ACDU). Further improvements are planned during 2023/24 on</p>	
--------------------------------------	---	--

	<p>existing CCTV coverage across the various premises. Door Entry (access control) systems are already installed in various locations across the Health Board Estate these include A&E, MIU, ACDU, Women and Children, Mental Health and Learning Disabilities (MHLDD), Care of the Elderly.</p> <p>Mrs Hardisty, the Chair of the Health and Safety Committee updated Members that work is underway by the Security Advisor to look at all door entry security arrangements and an update report will be presented to the Health and Safety Committee in July 2023.</p> <p>Ms Anna Lewis noted the significance of the work undertaken by the Health Board to understand the issues is welcome and thanked Ms Nichols Davies and the team for the update.</p>	
	The Committee NOTED the update report on the Women's rights network report on rapes and sexual assaults in hospital.	

QSEC (23)43	MANAGEMENT & DISTRIBUTION OF SAFETY ALERTS AND NOTICES POLICY	
	The Management & Distribution of Safety Alerts and Notices Policy was presented to members.	
	<p>The Committee RECEIVED ASSURANCE that the WCD Policy (policy number 190) has been adhered to in the development of the Management and Distribution of Safety Alerts and Notices Policy and that therefore the document is in line with the legislation/regulations, available evidence base and can be implemented within the Health Board.</p> <p>The Committee RATIFIED the policy for publication and implementation.</p>	

QSEC (23)44	BEING OPEN/ DUTY OF CANDOUR GUIDELINE (244)	
	The Being Open / Duty of Candour Guideline is deferred.	

QSEC (23)45	PUTTING THINGS RIGHT POLICY.	
	The Being Open/ Duty of Candour Guideline is deferred.	

QSEC (23)46	FOR INFORMATION	
	The QSEC Workplan 2023/24 was circulated for information.	

QSEC (23)47	WELSH HEALTH SPECIALISED SERVICES COMMITTEE QUALITY AND SAFETY JOINT CHAIR'S REPORT	
	The Committee received the Welsh Health Specialised Services Committee Quality and Safety Joint Chair's Report.	

QSEC (23)48	INTEGRATED QUALITY PLANNING AND DELIVERY MEETING (IQPD) MINUTES	
--------------------	--	--

	The Committee received the Integrated Quality Planning and Delivery Meeting (IQPD) Minutes.	
--	---	--

QSEC (23)49	DATE OF NEXT MEETING	
	09:30am, 8 August 2023	

UNAPPROVED