QUALITY, SAFETY AND EXPERIENCE COMMITTEE

ANNUAL REVIEW REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Quality, Safety and Experience Committee (QSEC) must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework: and

Chair's Reflections

The Committee has continued to take a proactive approach to continuous improvement in its effectiveness, testing and driving forward various innovations in good governance and leadership. Embedding the 'alert, advise, assure' framework across the agenda has enabled the Committee to be disciplined and consistent in reaching clear action-oriented outcomes in each of its discussions. In addition, it has provided a common terminology that is used increasingly across the Health Board's different levels of quality governance. A longstanding ambition to create space for more strategic dialogue in terms of quality, safety and experience is starting to deliver impact and an outcomes orientation is making gradual progress.

The Committee has been pleased to celebrate many successes in terms of improvements in patient experience, access and innovation. These successes are reflected in patient stories, QI data and improvements as a result of inspection processes, as well as accounts of service delivery changes. The groundbreaking work of the Same Day Emergency Care and Outreach service in Ceredigion was a particular highlight and recognised in the RCN's Annual Awards.

The Committee has played an active role in supporting the Health Board's comprehensive work towards de-escalation of its current Targeted Intervention status, providing regular scrutiny of key improvement areas such as Infection Prevention and Control. It has also taken on specific delegated responsibility on behalf of the Board to monitor the quality impacts associated with a range of urgent service changes at Tregaron Hospital, Prince Philip Hospital Minor Injuries Unit and Paediatric Services at Bronglais Hospital. The Committee has ongoing concerns in relation to the inadequate access to support for neurodivergent children, young people and their families. Despite some positive local improvement work, the strategic context is extremely challenging, and the Board is now engaged in supporting acceleration of improvement work in this area.

The consistent theme to run through the quality, safety and experience agenda is the widespread fragility of services across the region, which manifests in terms of

workforce, estate and equipment, and service configuration across our dispersed population, and in turn upon the ease of access that our communities have to high quality and safe care. This report contains many examples of those challenges and Committee members remain humbled by the realities of what some of our patients and staff experience. This theme will continue to feature in the challenges of the year ahead. Looking forward, the Committee will maintain the highest commitment to scrutiny and continuous improvement of those challenges, supported by the strengthened operational governance structure which has been in planning in 2024/25, ready for launch in early 2025/26.

2. Terms of Reference and Workplan

The Terms of Reference (TOR) for the QSEC Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed in July 2024.

link to Quality, Safety and Experience Terms of Reference

The QSEC has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The QSEC Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

QSEC Work Plan 2024/25

3. Sub-Committees

The Listening and Learning Sub-Committee reports into the QSEC with its own terms of reference and workplan for the year. The Sub-Committee's TOR were last reviewed on 5 December 2024.

The Quality, Safety and Experience Sub-Committee also reports into the QSEC with its own terms of reference and workplan for the year. The Sub-Committee's TOR were last reviewed on 15 August 2024.

In line with their Terms of Reference, the Sub-Committees are required to provide a report after each meeting, as well as produce an annual report which are scheduled to be presented to the Committee on 10 June 2025 reporting on activity throughout the year.

4. Table of attendance

Name	09.04.24	11.06.24	15.08.24	08.10.24	05.12.24	13.02.25
Members						
Anna Lewis Independent Member - Committee Chair	✓	✓	✓	✓	✓	✓
Delyth Raynsford Independent Member (Committee Vice-Chair)	✓	✓	✓	✓	✓	✓
Ann Murphy Independent Member	✓	✓	✓	✓	✓	✓
Chantal Patel Independent Member	x	✓	✓	✓	✓	✓
Iwan Thomas Independent Member	x	x	x	x	x	x
Eleanor Marks Independent Member (HDdUHB Vice-Chair)		✓				✓
Rhodri Evans Independent Member		✓			✓	✓
In Attendance						
Sharon Daniel Interim Director of Nursing, Quality & Patient Experience	✓	✓	✓	✓	x	✓
Andrew Carruthers Director of Operations	✓	✓	✓	✓	✓	✓
Mark Henwood Medical Director	✓	✓	x	✓	✓	✓
Jill Paterson Director of Primary Care, Community and Long-term Care	✓	✓	✓	✓	✓	✓
James Severs Director of Therapies and Health Science	✓	✓	✓	✓	✓	x
Dr Ardiana Gjini Executive Director of Public Health	✓	✓	✓	✓	✓	✓
Louise O'Connor Assistant Director Legal and Patient Experience	✓	✓	✓	✓	✓	✓
Cathie Steele Interim Assistant Director of Assurance and Safeguarding	✓	✓	✓	✓	✓	✓
Llais Cymru Representative	✓	x	✓	✓	✓	✓

A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members.

5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

Autism Spectrum Disorder (ASD) diagnostic services for Children, Young People & Adults

In September 2024, the Board were alerted to the ongoing concerns regarding the progress and pace of the national transformational change for autism spectrum disorder (ASD) diagnostic services for children, young people and adults, and the associated impact upon local service improvement. The Board was asked to consider the need to seek an appropriate route for discussion with colleagues at a national level, in order to enable material change in the outcomes available to local people in the short, medium and long term. The Health Board agreed this has been a long-standing issue and discussed writing formally to Welsh Government outlining its concerns and the reasons for these. The Health Board agreed that the Regional Partnership Board would be approached regarding escalating to Welsh Government.

Death Certification and Medical Examiners Service

In April 2024, the Quality, Safety and Experience Sub Committee escalated concerns relating to the risk of Health Board's compliance with the Death Certification and Medical Examiners Service due to the failure to fully resource internal processes. This risk was escalated onto the corporate risk register (CRR) and mitigations enacted resulting in reduction in the level of risk and de-escalation from the CRR.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

Unscheduled Emergency Care.

The Committee received regular updates during 2024/25 on the challenges being faced across urgent and emergency care (UEC) services and actions to mitigate the risks for patients and staff. The following initiatives are underway to mitigate the risks:

- Weekly performance reports to aid operational monitoring of UEC performance targets
- Twice daily health board wide sitrep meetings
- Established Six Goals programme work streams aligned to and reviewed by the National Programme Team.
- NHS Executive reports (NHSE) on ED, associated site-specific action plans with quarterly progress reviews with NHSE
- Site-specific improvement plans against ED Quality Statement.

- A Glangwili Hospital (GGH) action plan in response to the Getting it Right First Time (GIRFT) Report.
- In recognition of the position at GGH and the significant part that GGH plays in the delivery of specialty pathways, a specific improvement initiative commenced in October 2024.

The Committee advised Board in March 2025 that historical service configurations continue to be a barrier to making necessary improvements that would benefit our population.

Corporate Risk Report

The Committee received the Corporate Risk Report at its meetings in April 2024, August 2024 and December 2024.

In December 2024, concerns were raised on the Corporate Risk Report that expected timelines in the "gaps in control" section were not being achieved. The Committee received assurance that the Executive Team are in the process of reviewing risk tolerance as part of the planning process for next year. QSEC advised the Board that assurance was unable to be provided that the following risks were being managed effectively with the remainder of the corporate level risks.

- **Risk 797:** ***Risk to the ability to deliver ultrasound services due to workforce pressures***: While this risk was being closely monitored, there had been no improvement over a significant period. Potential options to mitigate include regional collaboration. Whilst assurance was provided that no harm to patients had been identified to date, it was acknowledged that this risk required focus to ensure impacts to quality, safety and performance were being mitigated as far as reasonably practicable. QSEC concluded that it was not adequately assured, and this required thorough triangulation with incident data to provide adequate assurance which will be brought back to Committee in June 2025.

- **Risk 1664:** ***Risk to ophthalmology service delivery due to a national shortage consultant ophthalmologists and the inability to recruit***: Whilst plans were being developed for the next financial year, given the absence of quality data for QSEC to review patient impacts, it was agreed that an update detailing how the risk including the quality and safety impacts were being mitigated would be considered for QSEC. No concerning levels of harm were reported to the Executive Team and this would be monitored.

- **Risk 684:** ***Risk to the timely investment and replacement of radiology equipment and supporting infrastructure***: Due to insufficient capital funding from Welsh Government (WG), management of this risk is outside the Health Board's control. A regional solution is being explored with Swansea Bay University Health Board (SBUHB).

Internal Audit of Standards of Cleanliness

In December 2024, the Committee received an update on the collaboration and work undertaken to address a very large percentage of the recommendations with some final work remaining. Estates and facilities will re-engage with Internal Audit to discuss positive progress in advance of a follow up audit in April 2025.

Therapies Improvement Plan

Whilst progress and the development of a Therapies Improvement Plan (TIP) to understand the current 14-week therapy referral to treatment performance was received by the Committee in April 2024, assurance on the required level of progress was not received. An update on progress against the TIP was scheduled for August 2024 where Members noted that the plan would focus on occupational therapies (paediatric) service in the first instance with the view to then upscale improvement work across the directorate. In December 2024, the occupational therapy (OT) (paediatrics) improvement plan indicated a continued improvement, with a reduction in the overall number of breaches in paediatric OT and a decrease in the number of long waits. The Committee welcomed the significant improvements and that any patients on the waiting list are aware of the various ways to contact the team.

Stroke Services

Whilst the Committee received assurance on the quality and safety impact of reinforced aerated autoclave concrete (RAAC) major incident at Withybush Hospital in April 2024, the report highlighted a wider issue with thrombolysis performance within the stroke pathway and baseline data. In June 2024, the Committee received the requested update on an internal governance review of stroke services where county operational stroke groups had been established to ensure equity in treatment times and assessment. Members noted that the Brainomix system, which is stroke artificial intelligence system, went live in April 2024, and was already having a speedier result for diagnosis and treatment. It was noted however that some members of the team had been reallocated to support the clinical Service planning work which had an impact on capacity.

Rheumatology Services

In June 2024, a patient story highlighted some concerns regarding potential delays in clinical escalation response times and medication prescription processes within rheumatology services due to the Communication Hub being the first point of contact for patients which was under review. Workforce capacity challenges were also highlighted. A deep dive into rheumatology services was presented in December 2024 which indicated progress had been made regarding the work undertaken to meet capacity challenges; and a projected improvement in performance for patients waiting over 52 weeks for their first outpatient appointment. Potential options to consider regarding regional collaboration were discussed. In February 2025, the Committee were updated that a consultant had been recruited, however it was too soon to determine whether this had had an impact on the capacity within the team.

Transforming Urgent and Emergency Care Discharge Management Internal Audit

In August 2024, the Committee received limited assurance from the outstanding actions in response to the Internal Audit review of Transforming Urgent and Emergency Care (TUEC) Discharge Management since the initial audit was undertaken in 2022. The Committee requested a further report in six months' time to provide an overview of the actions undertaken, and to measure the impact these actions are having on the quality, safety and experience of the Hywel Dda population. The Committee received an update in February 2025, that work was continuing to address the remaining actions from the follow up Urgent and Emergency Care Discharge Management Internal Audit. As a result of 50% of staff who were interviewed during the audit reporting that they do not feel confident discharging patients, the Discharge Planning Group were reviewing current training resources in collaboration with the practice development team. A revised discharge management leaflet and resources are also now available internally via SharePoint.

Upper Gastrointestinal (UGI) Emergency Rota

In October 2024, the Committee were advised of the gap for upper gastrointestinal (UGI) representation on the Withybush Hospital (WGH) emergency medical rota, options were being considered to temporarily relocate the service until the implementation of the revised model as part of the clinical services plan. The Committee suggested strengthening the data that was being captured on patient harm until any new arrangements are agreed.

Nurse Staffing Levels

In October 2024, the Committee noted that the Health Board is meeting its statutory 'duty to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016. Whilst assurance was provided from the three-year Nurse Staffing Levels 3-year Welsh Government report for 2021-24 which was be submitted to Welsh Government, further work was requested to improve the reliability of the data used for establishing nurse staffing levels, due to the current challenges with the Allocate system. Further work on improving the reliability of the data has been enacted

Targeted Intervention De-escalation Criteria:

In February 2025, it was recognised that whilst hospital numbers for each of the hospitals were reported as low for healthcare acquired infections (HCAI) the position is being continuously monitored by Infection Prevention Control Steering Group to ensure the improvements are sustained.

A planned 'deep dive' into older/unresolved external recommendations particularly from Health Inspectorate Wales (HIW) actions was discussed in February 2025. Comparing the data from the same period last year, the Committee noted there were 120 recommendations in progress in January 2024 where in January 2025 there were 8. Actions to make further improvements include revising the assignment

process to ensure they are allocated to the most appropriate individual and to ensure that actions are specific, measurable, attainable, relevant and time bound (SMART).

Referring to the fragile service criteria which was discussed at Committee in December 2024, the Executive Team are progressing the development of the fragile service escalation process.

In February 2025, the Committee was advised that the revised Putting Things Right Regulations, which will be implemented towards the end of 2025, are likely to have a significant impact on workforce capacity and have been highlighted as a potential risk for health boards due to reduced timescales for investigation processes. The Committee referred to the potential impact on workforce capacity and skill-based training/ induction requirements to the People, Organisational Development and Culture Committee (PODCC) for monitoring.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

Safer Care Collaborative

In April 2024, the Committee received assurance from a presentation provided on the Safer Care Collaborative and the connection to TUEC noting the effective quality improvement work impacting upon better patient care and experience.

Suspected Suicide Cluster in Pembrokeshire

In June 2024, assurance was provided from the cross-organisation partnership working in response to suspected suicide cluster in Pembrokeshire between the police, mental health, public health and education providers.

Additional Learning Needs (ALN) Act

While recognising the longstanding compliance shortfalls, the Committee received assurance in June 2024 that there is improved executive leadership and improved governance which is facilitating progress Health Board compliance with its statutory duties under the Additional Learning Needs (ALN) Act.

Quality Impact Assessment (QIA) process

In June 2024, the Committee noted the development of the Quality Impact Assessment (QIA) process, which will ensure that strategic decisions about healthcare services are considered through a quality lens and will record the impact of decisions on the quality of the healthcare system.

Withybush Hospital Creche

The action plan in response to the recommendations made by Care Inspectorate Wales (CIW) following the inspection of the Withybush Hospital Creche was shared

in June 2024, with the majority of actions completed. The recommendations were completed, and the Statement of Purpose was approved by the Committee in December 2024.

Hepatitis B and C Elimination Plan

In June 2024, the Committee received the current position in terms of compliance for WHC 2023/001 Hepatitis B and C Elimination Plan and the plans proposed for the next three years in working towards eliminating hepatitis B and C in the region to improve population health.

Primary Care Quality and Safety

In June 2024, the Committee took assurance from the quality, safety and experience governance arrangements for primary care and contracted services and requested for more regular updates. A primary care quality and safety deep dive has been forward planned for April 2025.

Pembrokeshire Child Practice Review

The Committee took assurance from the learning in response the Pembrokeshire Child Practice Review in June 2024, and the actions undertaken to improve multi-agency communication, escalation processes and to empower staff to act upon professional curiosity.

Duty of Quality and Candour Report 2023/24

In August 2024, the Committee reviewed and supported the Duty of Quality and Candour Report 2023/24, and the proposal to develop a learning framework which will strengthen opportunities to spread improvements across the organisation. The report will be presented for Board approval in September 2024.

Ceredigion Community Same Day Emergency Care and Outreach service

In October 2024, positive patient and staff feedback was shared at the meeting for the Ceredigion Community Same Day Emergency Care and Outreach service and the multi-disciplinary collaborative efforts to provide person-centred healthcare. The Committee suggested capturing outcome focussed data to help decision making for future strategic direction considerations.

Infected Blood Inquiry

The Public Health Directorate provided assurance to the Committee that ann appropriate response to the Infected Blood Inquiry has been undertaken within Hywel Dda with ongoing robust testing and treatment pathways developed. Support will continue to be offered to individuals who may have been infected.

Community Nursing Annual Report 2023/24

The Community Nursing Annual Report 2023/24 advised of the recent investment and developments in community nursing, and the impact on workforce sustainability, and quality and safety of patient care was positively received by the Committee.

Medicines Management Operational Group

During the Medicines Management Operational Group update in October 2024, the Committee were alerted to concerns regarding the completion of venous thromboembolic (VTE) risk assessments which continues to be poor even though the prescribing of prophylaxis has generally improved. Discussion took place on current processes and the Committee requested an assurance report on processes for completion of VTE risk assessments to be scheduled for Quality, Safety and Experience Sub-Committee in January 2025. In February 2025, the Committee received assurance that targeted quality improvement work continues to improve the Health Board wide compliance of VTE risk assessment.

Listening and Learning (From Events) Framework

The development of the Health Board's Listening and Learning (from Events) Framework was noted in December 2024, with the transfer to a more thematic organisational learning and patient outcome focused approach and its alignment to the new operational structure. The need to ensure that all staff networks have the time and access to articles and learning resources was recognised.

Veteran Health

The Veteran Health update report shared in December 2024 demonstrated that the Health Board is proactively implementing the Armed Forces Covenant, that veterans are not being disadvantaged in terms of health outcomes. The work of the Health Board has been commended by the NHS Wales and Veterans Commissioner.

Elective care waiting list in Planned Care

The changes in the management of patients on an elective care waiting list in Planned Care and the positive initiatives currently in place to support these patients was presented in December 2024. A systematic approach is being taken to identify harm and risk to patients on a waiting list.

Revised Operational Governance

In February 2025, the Committee was advised of the plans to implement a new 5 Clinical Care Group model as part of the revised operational governance arrangements. The changes have been instigated from consistent feedback from Audit Wales that the structure needed strengthening. The slides that were shared with the Committee were aligned to the Health Board's Quality Management System and the changes aim to provide a system-wide approach to achieving quality of care in a way that secures continuous improvement.

Nurse Staffing Levels Impact of Reduction of Agency and Bank Staff on Quality, Safety and Patient Experience Interim Report

There was no cause for concern highlighted reported within the nurse staffing levels impact of reduction of agency and bank staff in Quality, Safety and Patient Experience Report in February 2025. It was, however, highlighted that although the overall number of vacancies has reduced, there has been a significant increase in inexperienced workforce recruitment, who are being supported by the Corporate Nursing Team, Senior Leads and Learning and Development team.

Update on the service changes in the Minor Injuries Unit in Prince Philip Hospital, Tregaron Hospital and Paediatrics in Bronglais Hospital

Minimal impact on quality, safety and patient experience was concluded from the update on the service changes in the Minor Injuries Unit in Prince Philip Hospital, Tregaron Hospital and Paediatrics in Bronglais Hospital at the February 2025 meeting. This continues to be monitored closely. The ongoing methodology to capture service user feedback will be considered for inclusion within the revised patient experience report for the Board. Due to assurances taken from the report, it was agreed that, going forward, monitoring service impact would be provided on an exception basis and dependent on any potential escalation to QSEC. A brief update will be included within the quality assurance report scheduled for April 2025, prior to a further discussion at the Board in May 2025.

Staff and Patient Stories

The Committee received patient and staff stories at each of its meetings during 2024/25 with a focus on the following Services/ Programmes of work:

- Safe Care Collaborative (April 2024)
- Rheumatology Services (June 2024)
- Oncology Services (August 2024)
- Paediatrics Ambulatory Care Unit (December 2024)
- Special Care Baby Unit (February 2025)

6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the QSEC.

- For the QSEC this involved the completion of a short digital form which requested feedback on the following areas:
    - Governance and administration
    - Committee's inputs
    - Conduct of Committee meetings
    - Interface with other Committees, including the Board
    - Committee's impact
    - Individual role on Committee

The results from which were fed into an action plan, combining information and Auditor/Regulator feedback.

The process was undertaken during the year and reported to the Committee on 13 February 2025 QSEC Self Assessment Outcome Report 2024/5.

The Committee received an update on progress at the mid-year point on 15 August 2024.

7. Conclusion

The Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to Board as appropriate, and the

Committee uses feedback from the self-assessment process to evolve and continually improve.