

MINUTES OF THE Quality, Safety & Experience Committee

Date of Meeting: **9:30 AM, Tuesday 11 August 2026**
 Venue: **Microsoft Teams Meeting; Picton - Dolau Cothi Meeting Room**

Present: Eleanor Marks (Chair of the Committee and Vice Chair of the Health Board)
 Michael Imperato (Independent Member)
 Chantal Patel (Independent Member)
 Neil Prior (Independent Member)
 Rhodri Evans (Independent Member)

In Attendance: Sharon Daniel (Executive Director of Nursing, Quality and Patient Experience) (Lead Executive Director)
 Neil Wooding (Chair of Hywel Dda University Health Board)
 Joanne Wilson (Director of Corporate Governance/Board Secretary)
 Mark Henwood (Executive Medical Director)
 Andrew Carruthers (Chief Operating Officer)
 Nadine Gould (Deputy Director of Nursing, Quality and Patient Experience)
 Cathie Steele (Interim Assistant Director of Nursing Assurance and Safeguarding)
 Bethan Lewis (Assistant Director of Public Health Strategic Business and Operations), deputising for Ardiana Gjini (Executive Director of Public Health)
 Louise O'Connor (Assistant Director (Legal and Patient Support))
 Cathie Steele (Interim Assistant Director of Nursing Assurance and Safeguarding)
 Dana Scott (Director of Midwifery & Professional Governance for Women & Children)
 Jo Bradburn (Deputy Director of Allied Health Professions), deputising for James Severs (Executive Director of Allied Health Professions and Health Sciences)
 Elin Brock (Head of Research, Innovation & Improvement)
 Charlotte Westacott (Head of Safeguarding)
 Olwen Morgan (Assistant Director of Nursing)(part)
 Louisa Morris (Clinical Director for Clinical Effectiveness), deputising for Subhamay Ghosh (Associate Medical Director for Quality & Safety)
 Angela Bell (Assistant Director of Quality, Safety and Patient Experience for Allied Health and Health Science Clinical Care Group) (part)
 Simon Chiffi (Head of Operations) (part)
 Anna Chiffi (Assistant Director of Nursing, Patient Safety, Quality) (part)
 Neil Griffiths (Service Delivery Manager of Urology and Rheumatology) (part)
 Lisa Humphrey (General Manager – Planned Care) (part)
 Ruth Poynting (Committee Services Officer) (Minutes)

Apologies: Subhamay Ghosh (Associate Medical Director for Quality & Safety)
 Ardiana Gjini (Executive Director of Public Health)
 James Severs (Executive Director of Allied Health Professions and Health Sciences)

Minutes Ref.	Item	Action
QSEC 26 (55)	Welcome and Apologies Ms Eleanor Marks welcomed everyone to the meeting and acknowledged that previous meeting packs contained an unmanageable number of reports. Members expressed concern regarding the significant duplication of information across reports and requested that future reports be more concise, targeted and focused on key issues requiring Committee consideration and assurance. Executive colleagues were asked to take this into consideration when preparing future reports. Apologies for absence were noted as above.	
QSEC 26 (56)	Declarations of Interest HDdUHB Register of Board Members Interests 2026-27	
QSEC 26 (57)	Minutes from the Previous Meeting and Table of Actions Members confirmed that the minutes were an accurate record of the proceedings, and no comments or amendments were raised. The minutes were therefore APPROVED. QSEC(26)43: This action is closed as communication was sent 22 June 2026. Decision: The Committee APPROVED the minutes of the Quality, Safety and Experience Committee meeting held on the 11 June 2026 as a correct record of proceedings; and REVIEWED and NOTED the Table of Actions from the Quality, Safety and Experience Committee meeting on the 11 June 2026.	
QSEC 26 (58)	Committee Self Assessment Mrs Joanne Wilson presented the Committee Self-Assessment update, noting that two actions remained ongoing. Members were advised that progress had been aligned with work on operational governance, with governance arrangements reviewed and strengthened through the implementation of the <i>New Ways of Working</i>. Dr Neil Wooding acknowledged improvements in the quality of Committee papers, however believed that further progress was required. Ms Wilson reported that training and support had been made available to all who requested it and emphasised that Executive teams now needed to take ownership of applying the guidance provided. Ms Marks questioned whether papers were receiving sufficient Executive scrutiny prior to submission. In response, Ms Sharon Daniel advised that the Organisation was continuing to develop its	

quality management systems, with quality assurance forming an important part of the next phase of improvement.

Dr Wooding reiterated the need for robust Executive quality assurance and stronger leadership oversight of papers. Mr Neil Prior highlighted the significant volume of reading required and stressed the importance of clearly demonstrating the impact of reports on patient care, enabling the Committee to focus its scrutiny on matters of greatest importance.

Decision: The Committee TOOK ASSURANCE from the progress made against the actions being undertaken to improve its effectiveness.

QSEC 26 (59) Urology Deep Dive and Carers Story

Mr Neil Griffiths presented an update on progress against the Urology Improvement Plan. Members noted improvements since October 2025, including enhancements to the cancer diagnostic pathway through additional MRI capacity, reduced reporting turnaround times, and pathology waits now reduced to approximately one week.

Progress had also been made in prostate services, including earlier communication of diagnoses, the appointment of a dedicated Prostate Pathway Coordinator, and recruitment to a Prostate Clinical Nurse Specialist post due to commence in October 2026. Further developments included stabilising the on-call rota, improving follow-up management, reducing delays for patients awaiting stone surgery, and securing additional weekend diagnostic lists from October 2026.

Mr Griffiths reported that cancer performance had improved significantly, with the number of patients waiting for treatment reducing from approximately 850 to 600 over the previous two months. He advised that continued progress would improve the likelihood of patients being treated within the 62-day pathway target.

Mrs Chantal Patel sought assurance that the additional resources invested were translating into improved patient outcomes. Mr Griffiths explained that earlier diagnosis was enabling patients to access treatment quicker, while Mr Andrew Carruthers highlighted the link between earlier diagnosis and improved outcomes, noting that some urological conditions did not require immediate treatment.

Ms Marks emphasised the need for clearer evidence of actual and potential patient harm. Mrs Patel also highlighted concerns raised through the Waiting List Management Ethics meetings regarding inconsistent processes and queried whether a more consistent organisational approach could be adopted.

Mr Michael Imperato sought clarification on the causes of the theatre capacity gap. Mr Griffiths advised that capacity challenges

affected planned care across the organisation and that theatre schedules had been redesigned to maximise existing weekday capacity and improve efficiency.

Mr Mark Henwood highlighted opportunities to improve productivity through changes to working practices in outpatient and theatre services, whilst acknowledging that staff would require support to deliver these improvements. Mr Carruthers outlined three key operational risks affecting performance: theatre staffing, insufficient anaesthetic cover, and infrastructure issues which had resulted in some theatres being unavailable for use.

Dr Neil Wooding highlighted examples of inefficiency within patient pathways, particularly where matters that could be managed by other staff were being escalated unnecessarily to consultants. Mr Henwood agreed that small inefficiencies could have a significant cumulative impact on waiting lists. Ms Sharon Daniel noted that such improvements could be measured and monitored.

The importance of understanding the impact of service improvements on patient outcomes and patient experience was emphasised, noting that future reports would benefit from greater evidence of actual and avoided harm. Discussions also highlighted opportunities to improve productivity and pathway efficiency through service redesign, including ensuring that patients are supported by the most appropriate member of the multidisciplinary team, reducing unnecessary follow-up activity and maximising use of existing capacity. Members welcomed the focus on incremental service improvements and pathway redesign as a means of improving both patient experience and access to care

In response to queries regarding the sustainability of the improvement trajectory, Mr Griffiths advised that significant progress had already been achieved through service redesign rather than additional investment, including work with Prostate Cymru to support a more nurse-led model of care. He expressed confidence that performance would continue to improve over the next three to six months. Mr Carruthers noted, however, that some improvements were reliant on non-recurrent Welsh Government funding and that workforce and infrastructure challenges would need to be addressed to achieve long-term sustainability.

Ms Eleanor Marks welcomed the innovative approaches being adopted, however noted concerns regarding the service's performance relative to other organisations in Wales. Members sought assurance that the recent improvements would be sustainable and translate into measurable improvements in performance, patient outcomes and experience over the coming months. Mr Griffiths acknowledged this position and remained confident that the current trajectory would result in further improvement.

The Committee took assurance from the update, noting the progress already achieved and the plans in place to deliver further improvements. A further update was requested in six months' time.

AC/NG

Decision: The Committee TOOK ASSURANCE that work is underway to improve the Urology pathway, whilst noting the expectation that demonstrable and sustainable progress should be evidenced within the proposed six-month timeframe.

QSEC 26 (60)

Assurance and Risk Report- Executive Leads

Mrs Wilson presented the Assurance and Risk Report, advising that 11 corporate risks are aligned to the Committee's remit had been reviewed and updated. Members noted that a number of risks were currently under review and would be considered by the Executive Team.

The Committee discussed Risk 797 in detail. Cllr Evans highlighted the significance of the risk and sought assurance regarding the timescales for improvement. Mr Carruthers advised that work was underway to separate the current risk into distinct elements to provide greater clarity, supported by two improvement plans. Progress was being made in recruiting and training stenographers, although the lengthy training period and existing backlog meant improvements would take time to deliver. Members expressed concern regarding the projected timescale for resolution and requested greater detail on the anticipated trajectory of the risk over that period.

Mr Prior queried the rationale for the high risk score and sought clarification on the potential consequences should the risk materialise. Members discussed the varying levels of harm associated with different diagnostic delays, noting that some areas carried a greater risk of significant patient harm than others. Members questioned whether the current risk score accurately reflected the likelihood and impact described and expressed concern regarding the acceptability of maintaining a risk rated at 25 over a prolonged period. A clearer explanation of the anticipated consequences, likelihood of occurrence and trajectory for improvement was requested. Mrs Sharon Daniel advised that separating the risk would provide a clearer understanding of the individual risk profiles and residual risks.

Dr Wooding emphasised the need to better understand the likelihood of harm occurring and challenged whether a reliance on staff training alone was sufficient, given the urgency of the issue. Members also discussed the impact of the risk on staff morale and the importance of exploring a wider range of mitigating actions.

The discussed concerns regarding communication, accountability and governance across the organisation and service boundaries, highlighting the need for effective cross-service working, stronger oversight and clearer mitigation plans.

Ms Eleanor Marks requested a clearer assessment of the clinical risk, anticipated trajectory of improvement at the actions required to reduce the risk.

Risk 1032 was also discussed. Members noted concerns regarding the absence of recurrent funding and the likelihood that performance targets would not be achieved. Mr Carruthers advised that the service viewed the risk primarily as reputational rather than clinical in nature and noted that the area was no longer included within the Welsh Government accountability framework. Members requested further consideration of whether the current risk rating remained proportionate.

In considering the Aseptic Unit risk, Mr Henwood reported that infrastructure improvements were underway and expected to be completed by December 2026. Recruitment had strengthened staffing arrangements and reduced reliance on a single point of failure. While support from other Health Boards had been explored, limited assistance was available. Members were advised that the risk score was expected to reduce as improvements were implemented.

The Committee also reviewed overdue audits detailed within Appendix 2. Cllr Evans highlighted the significant number of audits outstanding despite previous correspondence from the Committee requesting updates. Mrs Wilson confirmed that formal escalation processes had been followed and that letters had been issued on behalf of the Committee. Members agreed that the level of outstanding audits limited the Committee's ability to gain assurance.

Discussion also focused on mortuary capacity and associated risks. Members expressed concern regarding the impact of limited capacity on patient and family experience, particularly within older estate facilities. Mr Carruthers advised that current arrangements relied on a memorandum of understanding with Swansea Bay University Health Board and that a broader review of arrangements was required. Members recognised that capacity pressures extended beyond the Health Board and affected external partners, including funeral directors and local authorities.

Due to a lack of assurance, the Committee agreed to ADVISE the Board that further assurance is required and to ALERT the Board to the outstanding audits.

Decision: The Committee was NOT ASSURED by the Assurance and Risk report due to insufficient evidence of the additional actions in place to address the identified concerns and provide assurance on the majority of issues highlighted.

QSEC 26 (61)

Allied Health Professions and Health Sciences

Ms Angela Bell presented an update on the Allied Health Professions and Health Sciences Clinical Care Group (CCG), highlighting progress in three key areas: strengthening

governance arrangements, enhancing risk management, and improving the use of the risk register. Members noted that the CCG had achieved 100% compliance with business continuity requirements and had embedded a more structured approach to risk management through regular risk reviews.

Ms Bell outlined work to improve timely and equitable access to services through a Health Board-wide approach to managing demand, reviewing service criteria, and strengthening cross-CCG working. Progress was also reported in relation to organisational change, with consultation completed and leadership posts progressing to recruitment.

Members noted increased incident reporting, which was supporting organisational learning and service improvement. Ms Bell advised that there had been no corresponding increase in reported patient harm. Ms Daniel welcomed this progress and requested that future reports provide greater detail on levels of harm and their impact on access to services.

Discussion also focused on complaints management. Ms Marks noted a reduction in complaints, however queried delays in responding to some cases. Ms Bell explained that complaint responses often required operational input and specialist knowledge from a range of services, highlighting the importance of effective communication across teams.

Ms Bell identified demand management, service efficiency and cross-CCG collaboration as key priorities moving forward. Cllr Evans welcomed the introduction of bi-monthly risk review workshops, which Ms Bell advised had improved both the number and quality of risks recorded on the register. Mr Carruthers noted the importance of maintaining effective communication between CCGs and avoiding silo working. Members understood that concerns regarding communication and collaboration across service and CCG boundaries had arisen in several reports considered by the Committee and suggested that this may represent a wider organisational issue requiring further consideration.

Dr Wooding commented that a lack of engagement and system-wide communication remained a broader organisational risk, while Mrs Patel suggested that future reports should include greater emphasis on patient lived experience.

The Committee received assurance from the update and noted the positive progress in governance, risk management and cross-CCG working.

Decision: The Committee was ASSURED by the quality governance arrangements in place within the Allied Health and Health Sciences Clinical Care Group in relation to quality, safety and patient experience, and noted the evidence of strengthened

governance, improved business continuity compliance, sustained risk oversight and active patient safety governance.

QSEC 26 (62)

Facilities

Ms Jo Bradburn introduced the Facilities and Estates reports, noting that the approach aligned with the organisational change programme being led within the directorate. Members agreed that future reporting should present Estates and Facilities as separate items on the Committee workplan.

Ms Elin Brock introduced the Facilities update and advised that the service continued to make progress against its improvement programme. Whilst there was no evidence of widespread deterioration in performance, a number of actions remained in progress to strengthen service delivery. Members noted that robust governance arrangements had been established, including enhanced oversight of cleaning services, and were assured that compliance with food hygiene and allergen standards remained high.

Ms Brock reported that significant recruitment activity was underway to stabilise the workforce, particularly within domestic services. The implementation of the new NHS Wales Standards of Cleanliness had increased expected standards without additional funding, requiring a careful balance of resources between higher and lower risk areas. Cleaning audit performance remained below target, particularly at Withybush Hospital (WGH), primarily due to workforce shortages and sickness absence. Improvement plans were in place, and it was anticipated that performance would improve as newly recruited staff commenced in post during the autumn.

Members noted the development of a quality assurance framework to strengthen performance management and support a more multidisciplinary approach to service delivery and reporting. Work was also underway to better understand patient experience and incorporate this into service improvement.

Cllr Evans queried the declining audit performance and sought assurance regarding the expected trajectory. Ms Brock advised that recruitment and workforce stabilisation should result in improved performance by the end of the year. Mr Prior questioned how the effectiveness of the governance arrangements could be demonstrated. Members emphasised the importance of demonstrating the effectiveness of governance arrangements through measurable outcomes, including consideration of cleanliness standards, infection prevention and control indicators, patient experience and service performance. In response, Ms Bradburn advised that governance structures had previously operated in silos and that preparations for an internal audit would provide further assurance regarding their effectiveness.

Dr Wooding commented that the report was largely descriptive and highlighted the ongoing importance of organisational culture and standards within the service.

Ms Marks emphasised the value of incorporating patient lived experience into future reporting and requested a future deep dive on food and hydration, including information relating to food waste. Members noted that food waste was monitored locally, however not routinely reported at Health Board level. SC

Decision: The Committee was ASSURED by the quality governance arrangements in place within the Facilities Service Group in relation to quality, safety and patient experience, and took assurance that appropriate governance, oversight and monitoring processes were in place to support the delivery of safe and effective services.

QSEC 26 (63)

Estates

Mr Simon Chiffi presented the Estates update and reported positive progress in strengthening governance arrangements. Members noted that the Estates Governance Group was now fully established, improving oversight and reporting arrangements across the service. Risk management processes had also strengthened, with a high proportion of actions progressing as planned.

Despite this progress, members recognised the ongoing challenges associated with maintaining an ageing estate and the importance of long-term capital investment. Mr Chiffi highlighted the role of the Targeted Estates Funding (TEF) programme and ongoing work to address infrastructure risks across the estate.

In response to concerns raised by Ms Marks regarding the impact of recent heatwaves, Mr Chiffi acknowledged the vulnerabilities associated with the ageing estate and highlighted ongoing work to replace air-handling systems at Prince Philip Hospital (PPH) through the TEF programme. Members were advised that the heatwave period coincided with these replacement works, resulting in reduced capacity and periods when the system was unavailable.

Mrs Nadine Gould reported findings from a rapid review, noting in the main positive patient feedback regarding staff despite the limitations of the estate. Immediate actions had been implemented, including revisions to uniform standards, and a task and finish group had been established to oversee further improvements.

Cllr Evans highlighted concerns regarding several extreme risks, including longstanding issues relating to data quality and fire safety matters. Mr Chiffi advised that risks were subject to weekly review meetings and that implementation of a new facilities management system would support improved data quality and risk

management processes. Members were advised that further detail would be provided through ARAC reporting.

The Committee received assurance from both updates and noted the ongoing work to strengthen governance, workforce capacity, quality assurance and risk management across the Facilities and Estates services.

Decision: The Committee was ASSURED by the quality governance arrangements in place within the Estates Service Group in relation to quality, safety and patient experience, and took assurance that appropriate governance, oversight and monitoring mechanisms were in place to support the safe, effective and sustainable delivery of services.

QSEC 26 (64) Quality Assurance Report

Ms Cathie Steele presented the Quality Assurance Report and advised that, whilst an appendix had been omitted from the papers, the report reflected the ongoing development of the Health Board's Quality Management System (QMS), which had originally been approved in 2023. Members were informed that a strategic refresh of the QMS had been undertaken to strengthen its application across the organisation and improve the way quality information was reported and used.

Mrs Patel queried whether recurring themes identified within the report were being captured through a standardised approach and enquired whether future reporting could include positive outcomes as well as areas of concern. Ms Steele advised that lessons learned were now being broken down by CCG, which would support greater visibility of quality improvements and organisational learning.

Members discussed changes relating to deprivation of liberty safeguards and the implications of recent legislative developments. Ms Steele explained that relevant data would be reported through the Mental Capacity and Consent Group before escalation through the governance structure to the Committee. She also noted that reporting had moved away from focusing solely on incident types and was increasingly centred on identifying and monitoring improvements arising from incidents.

Dr Wooding sought clarification on how the QMS would drive measurable change. Ms Steele explained that the aim was to demonstrate continuous compliance with the Duty of Quality rather than relying solely on annual reporting, with data from CCGs providing supporting evidence. Members emphasised the importance of demonstrating tangible improvements and measurable impact rather than relying on assurance that improvements would emerge over time. The importance of demonstrating that learning and assurance activity was translating into measurable observable improvements in practice, and patient

outcomes, was highlighted. Mrs Daniel reinforced the need for future reports to clearly evidence outcomes and impact.

Mr Prior expressed concern regarding the number of overdue inspections and suggested that future reports should be more explicit about the areas requiring support and intervention. Ms Steele acknowledged this feedback and advised that future iterations of the report would provide greater detail, including links to wider themes around communication and collaboration between services.

Ms Marks highlighted concerns regarding communication across services. In response, Ms Steele advised that improvements in management oversight were being observed. She also drew attention to a recent increase in mortality indicators, which had been subject to a detailed review and reported through the appropriate governance arrangements.

Mrs Patel sought assurance regarding the trajectory of complaints management and queried whether improvements related solely to response times or to the resolution of concerns. Members were advised that the position was more nuanced than the headline figures suggested. Mrs Louise O'Connor reported that Locality and Operational Complaints Teams were actively managing this work and that the early resolution process was proving effective. It was noted that complaint numbers had reduced significantly, with a reported 70% reduction, and that survey feedback from service users had been largely positive.

Ms Marks emphasised the importance of ensuring that learning was fully embedded and translated into demonstrable improvements. Mrs O'Connor advised that work was underway to capture and share learning arising from complaints, recognising that some of the issues identified were systemic in nature and required organisation-wide solutions.

Decision: The Committee was ASSURED regarding the effectiveness of the Quality Management System controls described within the report, noted the principal themes emerging from incidents, complaints, patient feedback, inquests, regulatory activity and IPC surveillance, and took assurance that learning was being translated into measurable improvement through agreed improvement plans.

QSEC 26 (65)

Listening and Learning Sub Committee Update Report and Annual Report 2025/26

Mrs O'Connor introduced the report and shared a patient experience account from a bereaved mother relating to the care during the final weeks of her life.

The account detailed concerns regarding delays in care, inadequate pain management, lack of dignity and respect, inappropriate ward accommodation, inappropriate meal provision with limited engagement and communication from staff during

care. The family described that the patient felt isolated, frightened and uncared for at a time when she most needed compassion and support. Particular concern was expressed regarding the lack of assistance provided when the patient chose to self-discharge and return home, where she was cared for by family members until her death two weeks later.

Members acknowledged the profound impact of the experience on the family and noted that care, compassion and humanity should remain central to patient care regardless of operational pressures. Members reflected that the concerns raised related to systems and processes, as well as issues of dignity, compassion, humanity and patient-centred care. It was recognised that these aspects of care should remain central regardless of operational pressures. Concerns of this nature, particularly following a death, were being reported with increasing frequency and that assurance was required that learning was being embedded across the organisation.

Mrs O'Connor provided assurance that the Head of Nursing was undertaking follow-up work in relation to the concerns raised, including engagement with the staff involved. Members noted that apologies had been offered to the family and that contact had been maintained, including telephone discussions.

The Chair requested that an apology be issued to the patient's mother on behalf of the Committee.

LOC

Mr Prior emphasised the importance of ensuring that lessons identified are translated into meaningful and sustainable action. Mr Henwood supported this view, commenting that staff should not require a policy to demonstrate compassion and support towards patients who choose to self-discharge.

Ms O'Connor advised Members that the issues raised would be taken forward through the Sub-Committee's learning processes, with the aim of embedding improvements and implementing actions to help prevent similar experiences occurring in the future.

Decision: The Committee:

- TOOK ASSURANCE from the areas identified by the Sub-Committee as providing assurance. The Committee was assured that appropriate oversight and governance arrangements were in place across the matters reported and that issues requiring further attention had been appropriately highlighted.
- APPROVED the Annual Report 2025/26

QSEC 26 (66)

Safeguarding Assurance Report

Ms Charlotte Westacott presented the Safeguarding Assurance Report and noted that safeguarding matters continued to be monitored through established governance arrangements, with significant concerns escalated through the appropriate channels.

Members were advised that demand on safeguarding services continued to increase, with a sustained rise in referrals relating to abuse and neglect alongside growing complexity of cases. There is an increasing number of looked after children across the Hywel Dda area, including children placed outside the Health Board's geographical boundary and, in some cases, in England.

Ms Marks sought assurance regarding the impact of capacity pressures on safeguarding services. Ms Westacott advised that workforce gaps existed within parts of the service and highlighted concerns regarding staff wellbeing and the risk of burnout. Members were informed that discussions were underway with commissioners regarding funding to support additional specialist safeguarding posts, which would significantly enhance capacity and resilience within the service. In addition, engagement was taking place with CCGs to explore opportunities to support and strengthen these specialist roles.

The Committee agreed to ADVISE the Board of the risks associated with workforce and capacity challenges, whilst noting that safeguarding governance arrangements remain in place.

Decision: The Committee WAS NOT ASSURED that safeguarding arrangements could be fully sustained given ongoing workforce instability and service capacity pressures.

QSEC 26 (67) Inpatient Falls Assurance Report

The Committee received an update from Mrs Anna Chiffi on the work of the Inpatient Falls Group and the progress made over the previous 12 months. Mrs Chiffi noted the national move away from the use of the term "falls" towards a broader preventative approach focused on patient safety and mobility.

It was reported that a System Wide Safety Mobilisation Group had been established to provide broader oversight and promote a more preventative approach to reducing inpatient falls and associated harm. Members were advised that increasing levels of frailty, dementia and delirium amongst the patient population continued to present significant risks. Challenges remained regarding the consistent completion of risk assessments, workforce pressures and environmental factors that could contribute to incidents.

The overall number of inpatient falls has remained stable, with the majority of incidents resulting in low or no harm, with more serious incidents escalated for detailed review through the appropriate governance arrangements.

Significant progress had been made across a number of improvement initiatives such as the introduction of a decaffeinated drinks project at Bronglais Hospital (BGH) based on evidence linking caffeine consumption with an increased risk of falls. Under

the initiative, decaffeinated drinks had become the default option, whilst caffeinated alternatives remained available.

Mr Prior questioned whether the decaffeinated drinks initiative could be implemented across the Health Board. Ms Chiffi explained that, whilst there would be a financial impact associated with wider rollout, this may be balanced by reducing the length of hospital stays.

Cllr Evans queried whether increasing the number of water stations would be beneficial. In response, Ms Chiffi advised that water machines were now available across all acute departments and that additional hydration rounds had been introduced during periods of hot weather to support patient hydration. Ms Daniel noted, however, that water dispensers can present infection prevention and control risks, and therefore require appropriate oversight and management.

Ms Marks welcomed the increased focus on preventative measures and sought clarification regarding the Committee's role in supporting future developments. Ms Chiffi advised that work was underway to develop a system-wide strategy and a more consistent, structured approach to falls prevention across the organisation. The Committee's support in promoting consistency and maintaining oversight of progress would be valuable.

In concluding discussion, Ms Marks emphasised the importance of ensuring that issues raised through Board and Committee structures remained subject to ongoing oversight and follow-up, to ensure that identified improvements were implemented and sustained.

Decision: The Committee was ASSURED by the strengthening of governance, system-wide oversight and improvement activity, including the implementation of the Safer Mobilisation Group and the transition to a fully integrated, prevention-focused approach to reducing falls-related harm.

QSEC 26 (68) Management of Outpatients

The Committee received an update from Ms Lisa Humphrey on the management of outpatient follow-up waiting lists and the actions being taken to address delays in patient care.

Members were advised that approximately 72,500 patients were awaiting follow-up appointments, representing the lowest follow-up waiting list position in Wales. Whilst a significant proportion of patients were not experiencing clinically harmful delays, the Committee understood that some patients had exceeded their planned follow-up date by 100% or more. These patients formed part of a material quality list and were subject to clinical review processes to assess and manage risk. Ongoing work was focused on clinically led pathway improvements, patient pathway management and the implementation of a closed-loop response process to ensure appropriate oversight of patients awaiting

follow-up. The Committee was informed that ophthalmology continued to represent the largest specialty by volume and required a risk-based approach, recognising that patients have differing levels of clinical need. Whilst the ophthalmology waiting list had reduced, progress since April 2026 had been gradual.

Members were advised that 18 incidents of harm associated with delayed follow-up had been reported. However, the Health Board was not seeing significant levels of harm overall.

It was noted that work is underway to transfer suitable patients onto alternative pathways where clinically appropriate, supported by the waiting list team and ongoing communication with patients regarding their care options.

Dr Wooding commented that future reports would benefit from greater analysis and insight, rather than primarily describing activity being undertaken. Mr Evans queried whether the Welsh Government Strategic Group was being appropriately engaged in addressing the challenges associated with outpatient waiting lists.

Mr Henwood advised that a transformation process for outpatient services had recently been launched. Whilst acknowledging the significant challenges and deficits within the current outpatient model, he emphasised that there were considerable opportunities for improvement. Members that delivering sustainable change would require challenging decisions and changes in established clinical practice. It was also recognised that there remained opportunities to review the volume of follow-up appointments being undertaken and to ensure patients were only followed up where clinically necessary.

The Committee acknowledged that the key areas requiring further improvement had been identified and agreed that a further update should be presented in six months' time to provide assurance on progress against the outpatient transformation programme and associated workplan.

AC/LH

Decision: The Committee TOOK ASSURANCE that progress is being achieved to mitigate harm to delayed follow up patients, and further work is in development as detailed in the report.

QSEC 26 (69)

Epilepsy in Learning Disabilities Services

Ms Olwen Morgan presented an update on Epilepsy in Learning Disabilities Services, including progress against the recommendations arising from the Ombudsman's report. She advised that the Task and Finish Group had completed the required actions and that the Ombudsman had confirmed satisfaction with the Health Board's response.

A revised pathway for Epilepsy Services was approved in January 2026, although no audit has yet been undertaken to assess its effectiveness. Ms Morgan highlighted that some families continued to have concerns regarding the revised arrangements,

particularly in relation to crisis management for adults with learning disabilities and epilepsy, making it difficult to provide full assurance that the pathway is fit for purpose.

Ms Dana Scott explained that the initial audit had raised further queries and highlighted the need for a broader service review. An audit tool was being finalised, with audit activity expected to commence in September and October 2026. The findings would assist in testing the effectiveness of the pathway and inform future service development. Members were also advised that discussions were taking place with Swansea Bay University Health Board to strengthen access to specialist neurological services.

Dr Wooding reflected on his involvement at the outset of the work and observed that previous arrangements had not always demonstrated sufficient compassion towards families. He stressed that an important measure of success would be the extent to which families themselves felt confidence in the service and the care being provided.

Mr Imperato commented on the use of corporate language within reports and discussions. In response, Ms Marks emphasised the importance of ensuring that communications remained kind, compassionate and centred on the experiences of patients and families. Mrs O'Connor added that it was important for the Health Board to be able to demonstrate that it had delivered the improvements it had set out to achieve.

Ms Scott thanked Ms Morgan for the significant time and commitment she had dedicated to engaging with families and ensuring that their experiences informed the work of the Committee. Ms Marks also thanked Ms Morgan for her valued contribution to the Committee, noting that this would be her final meeting prior to retirement, and wished her well for the future.

Whilst recognising the progress made, the Committee agreed that further assurance would be required following completion of the planned audit and pathway review. The Committee received assurance on progress to date and requested a further update following completion of the audit work.

Decision: The Committee TOOK ASSURANCE on the compliance with the PSOW Public Interest Report (2025) recommendations and the progress in the review of the Learning Disabilities pathway and provision.

QSEC 26 (70)

Escalation Report

Ms Dana Scott presented the Escalation Report, advising that the format had been developed following discussions with NHS Performance and Improvement. The report considered impacts across all four escalation levels and sought to ensure that quality and safety considerations were embedded throughout the escalation framework. Members were advised that work would

continue over the coming weeks to strengthen the alignment between escalation processes and quality and safety measures.

The Committee was also informed of ongoing All-Wales work relating to the transition from children's to adult services.

Ms Marks highlighted the importance of demonstrating to Welsh Government that the Health Board was capable of meeting de-escalation criteria. She noted variation in practices across wards and queried whether any immediate actions could be taken to support improvement. In response, Ms Scott explained that IPC measures were underpinned by behavioural science and that perceptions of risk could influence compliance and practice.

During discussion, Dr Wooding queried whether staff viewed IPC requirements as mandatory. Ms Scott responded that greater emphasis was required on demonstrating the link between how compliance and reduced patient harm, helping to reinforce the risks and consequences of non-compliance across the organisation.

Ms Marks also queried whether a deeper review of access issues was required. Members understood that Welsh Government was actively considering this matter and that sustained escalation continued to place a significant impact on the organisation's overall standing and performance.

Decision: The Committee RECEIVED ASSURANCE from the improvement programme and monthly case review, while recognising that compliance gaps in technique and training remain the principal barrier to sustained de-escalation.

QSEC 26 (71)

309 - Continuing NHS Healthcare Operational Policy to Support Framework for Implementation

No comments were raised in respect of Policy 309: Continuing NHS Healthcare Operational Policy to Support the Framework for Implementation, and the policy was approved.

Decision: Policy 309 - Continuing NHS Healthcare Operational Policy to Support Framework for Implementation was APPROVED.

QSEC 26 (72)

1097 Corporate Safeguarding Policy

No comments were raised in respect of Policy 1097: Corporate Safeguarding, and the policy was approved.

Decision: Policy 1097 - Corporate Safeguarding Policy was APPROVED.

QSEC 26 (73)

982 Incident, Near Miss and Hazard Reporting and Management Procedure

No comments were raised in respect of Procedure 982 Incident, Near Miss and Hazard Reporting and Management, and the procedure was approved.

Decision: Procedure 982 - Incident, Near Miss and Hazard Reporting and Management Procedure was APPROVED.

QSEC 26 (74) QSEC Work Plan 2026/27

No comments were made on the Work Plan.

QSEC 26 (75) Date of Next Meeting : 8 October 2026

QUALITY, SAFETY AND EXPERIENCE COMMITTEE (QSEC)/ PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD

11/08/2026

TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AC-Andrew Carruthers; LOC-Louise O'Connor; SC-Simon Chiffi

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
11/08/2026	QSEC(26)59	Urology Deep Dive and Carers Story • To provide an update on the Urology Improvement Plan in 6 months time.	AC	09/03/2027	Complete Forward planned for February 2027
11/08/2026	QSEC(26)62	Facilities (Deep Dive) • To provide a deep dive on food and hydration, particularly in relation to food waste.	SC	03/12/2026	Complete Forward planned for December 2026
11/08/2026	QSEC(26)65	Listening and Learning Sub Committee Update Report and Annual Report 2025/36 • To send an apology letter to the individual identified in the patient experience story on behalf of the Committee.	LOC	08/10/2026	Complete Letter sent Monday 7th September
11/08/2026	QSEC(26)68	Management of Outpatients • To provide a further update in 6 months time to provide assurance on progress against the outpatient transformation programme and associated workplan.	AC	09/03/2027	Complete Forward planned for February 2027