



COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR – QUALITY, SAFETY AND EXPERIENCE COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 11 August 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Mrs Eleanor Marks, Chair

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Quality, Safety and Experience Committee wishes to **alert** the Board that:

- Despite previous escalation and correspondence seeking assurance on progress, the number of overdue audit recommendations has not improved. Members were concerned that the lack of timely implementation and reporting was limiting the Committee's ability to obtain assurance that identified risks and control weaknesses were being effectively addressed and requested Board support for the outcome of the meeting scheduled between the Committee Chair, the Chair of the Audit and Risk Assurance Committee and the Chief Executive Officer.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Quality, Safety and Experience Committee wishes to **advise** the Board that:

- Concerns were raised regarding accountability and governance across the organisation and service boundaries during the **Assurance and Risk** report discussion, with Members highlighting the need for effective cross-service working, improved oversight and clearer mitigation plans. The Committee requested greater clarity regarding clinical risks, the expected trajectory of improvement and the actions being taken to reduce risk exposure, to enable assurance to be provided by the next meeting on 8 October 2026.
- There is an increasing demand on **Safeguarding Services**, including an increase in referrals and more complex cases, alongside a growing number of looked after children. Discussions are underway with commissioners and partner organisations to secure additional specialist safeguarding posts and strengthen service resilience.

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

Assure³ (to note)/ Sicrhau (i nodi)

The Quality, Safety and Experience Committee wishes to **assure** the Board that:

- Positive progress in governance, risk management and service improvement was noted as part of the **Allied Health Professions and Health Sciences Clinical Care Group (CCG) report**, including 100% compliance with business continuity requirements, strengthened risk management processes, and improved use of the risk register through regular reviews. Work is ongoing to improve timely and equitable access to services through demand management, service criteria reviews and closer cross-CCG collaboration, while organisational change programmes have progressed following consultation and recruitment activity. Members noted that increased incident reporting was supporting learning and service improvement the report did not specify level of harm associated with incidents. Members requested future reporting on harm levels and impacts on service access.
- Ongoing progress against the improvement programme was highlighted during the **Estates and Facilities Service** report, this included strengthened governance arrangements, high compliance with food hygiene and allergen standards, and significant recruitment activity to address workforce shortages. While cleaning audit performance remained below target, particularly at Withybush Hospital, Members received assurance that recruitment and workforce stabilisation measures were in place and expected to improve performance by year-end. Discussion focused on demonstrating the effectiveness of governance arrangements through measurable outcomes, including cleanliness, infection prevention and control, patient experience and service performance. Members also welcomed work to strengthen quality assurance and improving patient lived experience feedback, and requested future reporting on food and hydration, including food waste, and emphasised the importance of organisational culture, service standards and evidence of improvement.
- The ongoing development and strategic refresh of the Health Board's Quality Management System (QMS) was highlighted during the **Quality Assurance Report** item to strengthen quality monitoring, organisational learning and compliance with the Duty of Quality. The increased focus on identifying improvements arising from incidents, complaints and assurance activity was welcomed, however future reports would benefit from the inclusion of clear evidence of measurable outcomes, impacts and positive improvements, as well as areas of concern. Positive progress was noted in complaints management, including a significant reduction in complaint numbers and encouraging feedback from service users through the early resolution process. Members were assured that work was underway to strengthen management oversight, capture and share learning from complaints, and address systemic issues through organisation-wide improvements, while future reports would provide greater detail on areas requiring support, intervention and cross-service collaboration.
- A patient experience account from a bereaved mother was shared as part of the **Listening and Learning Sub Committee update report**, highlighting concerns

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.



about delays in care, poor pain management, lack of dignity and compassion, inadequate communication, and insufficient support when the patient chose to self-discharge. Members expressed sympathy for the family, emphasised the importance of compassionate, patient-centred care, and sought assurance that lessons would be learned and embedded across the organisation. Members were assured that follow-up work was underway and learning from the case would be embedded through the Sub-Committee's governance processes to drive sustainable improvements and help prevent similar experiences in the future.

- The **Listening and Learning Sub-Committee** Annual Report 2025/26 was approved.
- Progress in **reducing inpatient falls** was noted, with the establishment of a System Wide Safety Mobilisation Group to promote a preventative approach focused on patient safety and mobility. While inpatient falls have remained stable and are generally associated with low harm, challenges remain around frailty, dementia, workforce pressures and consistent risk assessments. The range of improvement initiatives, including a decaffeinated drinks project and enhanced hydration measures were welcomed, alongside the development of a system-wide strategy to strengthen prevention, consistency and ongoing oversight of improvement actions.
- The Health Board is compliant with the Public Service Ombudsman for Wales Public Interest Report (2025) recommendations and regarding progress in the review of the **Epilepsy in Learning Disabilities pathway** and provision.
- Members noted ongoing work to further align escalation and quality measures during the **Escalation Report**. Discussion focused on the importance of meeting de-escalation criteria, improving consistency in practice, reinforcing compliance through understanding its impact on patient safety, and addressing wider access issues that continue to affect organisational performance.
- Policy 309 - **Continuing NHS Healthcare Operational Policy to Support the Framework for Implementation** was approved.
- Policy 1097 - **Corporate Safeguarding Policy** was approved
- An extension of policy 246 **Managing Allegations and Professional Concerns** raised against Health Board staff was approved, pending receipt of revised guidance. The revised Policy 246 will be presented to QSEC in December 2026.

Review of Risks/ Adolygiad o Risgiau

- Contained within the report.

Sharing of learning/ Rhannu dysgu

- Not Applicable

Recommendation/ Argymhelliad

The Board is asked to:

- **Respond** to the items the Committee is alerting them to
- **Note** the items the Committee is advising them of
- **Take assurance** from the items that the Committee is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 8 October 2026

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