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

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 9 April 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: 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:

Alert[1] (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Quality, Safety and Experience Committee had no matters of which to **alert** the Board.

Advise[2] (to monitor)/ **Cynghori** (i fonitro)

The Quality, Safety and Experience Committee (QSEC) wishes to **advise** members of the Board that:

- A **Deep Dive of Allied Health Professional risks** was presented, with a particular focus on ultrasound diagnostic risks. Significant concerns were highlighted regarding the achievement of Welsh maternity screening targets and long waits for non-obstetric ultrasound services. Following discussion, it was suggested that separating obstetric and non-obstetric ultrasound risks could improve transparency and support clearer mitigating actions.

  The Committee welcomed the comprehensive update, acknowledged the complexity of the risks, and agreed that further executive-level discussion was needed to explore mitigations and ensure continued oversight and understanding of actions being taken.

- The findings of a six-month review of the revised **quality and safety governance arrangements** introduced following the disestablishment of the Operational Quality, Safety and Experience Sub Committee was presented. The review assessed the effectiveness of the new structures, including the Quality and Safety Intelligence Group and the Clinical Care Group model. While progress was noted, the review identified several areas for improvement, including action tracking, outdated terms of reference, reporting inconsistencies, quorum issues, and the need for strengthened administrative support, highlighting the requirement for more robust governance foundations.

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[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*.

The Committee agreed that the transition to the new arrangements had been broadly positive but expressed concerns about the lack of clarity on next steps and accountability within the report. Executive discussions on governance improvements had only recently taken place and a detailed plan would be presented at the Board Seminar on 23 April 2026. Emphasis was made on the importance of clear accountability and escalation routes.

- The **Listening and Learning Sub Committee (LLSC)** highlighted ongoing challenges in ophthalmology, including patient backlogs, risks to sight, and facility constraints, alongside the need for operational solutions and impact assessment. The Committee noted that mitigations will continue to be monitored through the LLSC and confirmed that QSEC has scheduled a deep-dive review into Ophthalmology in October 2026.

Assure[3] (to note)/ Sicrhau (i nodi)

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

- The **QSEC Annual Report 2025/26** was approved ahead of submission to the Board on 25 June 2026.

- The benchmarking report for the **Path to Safer Beginnings** initiative was presented, which assessed neonatal and maternity services across Wales and showed strong performance locally, particularly in governance and psychological safety. The initiative brings neonatal and maternity services together as a single perinatal team with a unified approach to care and training. A five-year transformation plan has been developed to address areas of partial compliance with national standards, supported by extensive stakeholder engagement, a focus on public health and social deprivation, and increased investment in perinatal mental health services via the Strategic Workforce Plan.

  The Committee welcomed the strategy and agreed on the importance of ongoing monitoring and outcome reporting.

- The **Assurance and Risk Report** was discussed and it was noted that 10 of the 24 corporate risks fall within QSEC's remit and that all risks had been reviewed and updated since the previous meeting. Concerns were raised about the high volume of both corporate and operational risks across the organisation and the challenges this presents for effective risk management. Members acknowledged that the increase in recorded risks reflects a more risk-based planning approach and greater openness and transparency. A proposal to deliver a risk management refresher session for Independent Members was welcomed, including practical exploration of a single risk.

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

With regard to **Welsh Health Circulars,** Members sought clarity on those with unknown or overdue status and requested alignment with risks recorded on Datix. Subject to improved reporting and continued engagement with Welsh Government, the Committee agreed that assurance was gained in respect of the processes for risk management.

- The progress on the **Fuller Inquiry recommendations** was reported, and it was noted that that the Team has worked diligently over the past 12 to 18 months on the 75 recommendations, with 21 applicable to hospitals. Most of these actions have been completed, and the Committee welcomed the progress.

- The **Quality Improvement (QI) Framework** (Appendix 1) was presented which outlined the strategic intent over the next three years, with a focus on building capacity, capability, and delivering impact. The framework identifies six key areas for Quality Improvement (QI) and aims to embed QI within the Quality Management System (QMS) and strategic objectives. The Committee discussed the importance of measuring improvement with an emphasis on clearly defined outcomes. The Committee acknowledged the progress made in embedding QI and noted the need for continuous improvement.

- The **Infection Prevention and Control Assurance Report** was presented which is aligned with the QMS format and incorporates revised targeted intervention arrangements issued by Welsh Government in January 2026. The discussion covered the escalation to level 4, with a required 25% reduction in infections to support de-escalation, noting that low infection numbers can lead to disproportionate fluctuations in reported figures. The introduction of the Welsh Government Quality Standards: Infection Prevention and Control, the Antimicrobial resistance and health care associated infection improvement goals: 2025 to 2027 (WHC/2025/039), and the NHS Wales National Standards of Healthcare Cleanliness were highlighted, and the Committee welcomed the improved, evidence-based reporting and reinforced the importance of embedding QMS across the organisation.

- An update was provided on the **First Contact Physiotherapist** incident raised in April 2023, detailing the governance established through the Incident Control Group, identified learning, and actions taken in response. The investigation affected nearly 4,000 patients and spanned multiple changes in senior leadership. The importance of sharing lessons learned across the Health Board and ensuring consistent models of service delivery was noted. The Committee discussed the challenges of inconsistent appointment booking systems due to practices being managed through external General Medical Practices and the need for consistent audit processes.

- The **Women's Health Hub** update report was presented and the completion of year one as per the specification was highlighted. The hub has increased access to services for women and positive engagement with Primary Care has taken place. The Committee noted plans to build a five-tier system and

spread the 1.5 model across three counties. The focus for year two includes embedding skills and expanding services.

- The **Planned and Specialist Care Update report** provided a focus on cancer care, highlighting significant pathway reviews, backlog reduction, and targeted work in radiology and pathology. Concerns were raised regarding the long waiting times for robotic prostatectomy, which are referred to external providers, and discussed potential outsourcing solutions. The psychological impact on patients was emphasised and the importance of regular waiting list audits to prioritise patients effectively. Positive progress in governance arrangements was reported, with the escalation level now at 2, and the productive engagement in meetings. Ongoing work in risks, audits, and Welsh Health Circulars was highlighted.

Recommendation/ Argymhelliad

The Board is asked to:

- **Approve** the Quality Improvement Framework (Item 22.1)
- **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: 11 June 2026

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: Quality, Safety and Experience Committee