

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

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 4 December 2025

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Anna Lewis, 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 had no items of which to **alert** the Board.

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

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

- The Committee reviewed the high-risk issue relating to **Sonography Services (Risk 797)** and expressed concern regarding the timeframe for achieving the target risk scores, the potential impact on patient safety, and the effectiveness of current mitigations and requested a briefing from the Chief Operating Officer following the meeting. It was noted that staff absences and recent retirements have increased service fragility, resulting in the risk score rising from 20 to 25. Current initiatives include the development of an integrated midwifery sonography service within one to three years, the extension of insourcing arrangements to address national workforce shortages, and the strengthening of radiography leadership through the introduction of new roles.
- Significant concerns were raised regarding prolonged **autism spectrum disorder (ASD) diagnostic waiting times for children and young people (Risk 1032)**, noting that the target risk score of 16 remains unchanged due to resource limitations and the need for a strategic response. Patient concerns and the requirement for additional resources to support integrated hubs were discussed. Members highlighted the considerable distress experienced by families and emphasised the need for service improvements. Consequently, the Committee agreed to escalate this matter to the Executive Team on 7 January 2026 for a comprehensive review and future Board consideration.
- A comprehensive review of **Waiting List Management** will be undertaken to address identified complexities and inconsistencies in patient communication processes. The findings will inform a Health Board action plan which will be

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.

presented to Executive Team ahead of QSEC in February 2026, with a focus on the 'quick wins'.

- Challenges in infection prevention and control (IPC) were noted as part of the **Duty of Quality Assurance Report**, particularly regarding *C. difficile* rates, impacted by operational pressures such as ambulance handovers and surge capacity. Ongoing initiatives intend to reduce infections and improve antimicrobial stewardship, supported by electronic prescribing for enhanced oversight. The Committee agreed to include primary care prescribing data in future reports, to provide a comprehensive view and identify outliers.
- The Committee raised concern regarding a recent Clinical Health Knowledge System (CHKS) report which has identified that Glangwili Hospital (GGH) has almost twice as many mortality rates as Bronglais Hospital (BGH) and Withybush Hospital (WGH) for post operative trauma patients as reported in the **Planned and Specialist Care Clinical Care Group Update**, and emphasised the need for an urgent review to identify underlying causes. A colleague has been commissioned to undertake this review, and urgent meetings are underway with CHKS to provide a comprehensive analysis and potential solutions.

Assure³ (to note)/ Sicrhau (i nodi)

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

- Mitigations are progressing to address **mortuary capacity challenges** (Risk 1552), including short-term measures such as purchasing and renting additional storage units, providing 60 extra spaces to manage winter pressures. Financial support enabled building works at Prince Philip Hospital, adding eight spaces, with further plans to increase freezer capacity by seven. The Committee recognised the risk management efforts and will consider requesting more updates on families' emotional impact.
- The **Listening and Learning Sub Committee** focused on Mental Health and Learning Disabilities, emphasising person-centred care planning, staff support following adverse incidents, and compliance with Health Inspectorate Wales (HIW) recommendations post-discharge. Appreciation was extended to the parents who attended to discuss the loss of their son, for their commitment and determination in helping to drive learning and improvements to mental health services. The Sub Committee plans to strengthen its terms of reference and membership to enhance assurance and will present the revised Terms of Reference to QSEC in February 2026.
- Progress is being made on the implementation of a Health Board wide **Listening and Learning from Events Framework**.
- The Committee approved the **Clinical Audit Programme 2025/26** and emphasised alignment with organisational priorities through engagement with clinical care groups. Members highlighted the need for a prioritisation process, to be considered by the Executive Team, with suggestions for involving Committee

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

Chairs and incorporating health equity audits. While approving the plan, the Committee expressed interest in greater involvement in audit prioritisation.

- The Deep Dives into **Orthopaedics, Ophthalmology, and Radiology**, outlined the interim measures already in place and those planned to address current challenges and service fragilities. These actions will remain in place pending the outcome of the Clinical Services Plan and underscore the case for change and the effectiveness of existing mitigations.
- The update report from the **Community Integrated Care and Medicine Clinical Care Group** addressed equitable service access and thematic learning highlighting both the implementation of audit recommendations and their subsequent impact. Emphasis was placed on thematic processes and the monthly learning panel to embed improvements.
- The updated **guidelines for staff conducting patient-related surveys**, aligned with the new People's Experience Framework and national survey, were approved by the Committee, with assurance that the consultation identified no equality impact.

Recommendation/ Argymhelliad

The Board is asked 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: 12 February 2026

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