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

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 11 June 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:

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

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

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

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

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

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

- The **Assurance and Risk Report** provided assurance that there was strong awareness and oversight of the significant operational risks and audit recommendations within its remit, with plans to strengthen thematic risk reporting to improve trend analysis and organisational learning. Members acknowledged that many risks reflected wider workforce, capacity, financial and infrastructure pressures across the Health Board. However, whilst assured regarding the visibility and management of risks, the Committee was not fully assured regarding the pace of mitigation and implementation of overdue audit and inspection recommendations. Members emphasised the need for clearer accountability, stronger ownership and more timely delivery of agreed actions, and agreed to continue to scrutinise progress closely.
- The impact of capacity, workforce and pathway pressures continue to be managed effectively within the **ophthalmology** service. Opportunities should now be explored to strengthen service sustainability and performance, including greater utilisation of allied health professionals and the potential benefits that could be realised through enhanced regional working with Swansea Bay University Health Board.

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

- Processes are in place to review, monitor and improve the quality of the Health Board's services however there is a need to ensure that the actions identified within the **Quality Assurance Report** were being progressed. The Committee were again concerned with the number of overdue outstanding actions and the Chair of the Committee agreed to write to Executive Directors to request that all outstanding actions were reviewed, updated and completed in a timely manner. The Committee approved the Infection Prevention and Control Organisational Improvement Plan 2026-27.
- The Committee approved the **Duty of Candor 2025/26 Annual Report** ahead of consideration by the Board, subject to review by the Communications Team to ensure that it was in a format and language suitable for a public audience. The report is a statutory requirement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- The **Quality Assurance Report for Commissioned Services** found that complaints regarding services provided by commissioning partners were consistent with the level of activity delivered by providers. An analysis of the data did not indicate any isolated issues within any single service area with the majority of the complaints relating to delays in communication or information failures. The Committee were assured by the establishment of a Commissioning and Contracting Oversight Group to monitor and review contract and commissioning arrangements. The Committee were also assured by the oversight of commissioned care within nursing homes and the practices in place to monitor and review services provided by care home providers and escalation processes in place to address any concerns identified. It was felt that there were appropriate and effective safeguarding processes in place.
- The Health Board are compliant with the statutory requirements of the **Nurse Staffing Levels (Wales) Act 2016** requirements.
- The **Mental Health and Learning Disabilities Clinical Care Group** have undertaken quality improvement work within the Clinical Care Group to comply with the new national Mental Health and Wellbeing Strategy. This work has been undertaken to align the practices of the Health Board to the national strategy of develop a clear vision of equitable and patient-centred care and support. The Committee were reassured that a significant level of improvement work has been undertaken to strengthen the governance processes around complaints and incidents.
- The **Public Health Directorate Clinical Care Group Report** demonstrated how the governance structure within the Public Health Directorate had become more aligned within the Clinical Care Group structure and had demonstrated the quality activity within the areas of health protection, communicable disease control, immunisation oversight, disease prevention, smoking cessation and health coaching. It was observed how the Health Board utilises the services of the Community Outreach Team to engage with communities that traditionally were reluctant to access Health Board services with a programme in place to embed health protection within communities.
- The **Community and Integrated Medicine Clinical Care Group** reported that incident management within the care group remained challenged, however there had been significant improvement in reducing the number of open long-term incidents. The Committee were advised of on-going concerns relating to the

admission of patients and the provision of care in non-designated clinical areas that were being addressed through patient flow initiatives, clinical streaming and assessment models, strengthened discharge coordination and improved oversight of pathways of care delays.

- Improvements relating to hospital-acquired infections were noted within the **Escalation Report** however the reduction could not be considered reliable until three consecutive months of improvement were sustained. An Infection Prevention and Control Organisational Improvement Plan 2026-27 was approved by the Committee that focussed on the areas where high-impact interventions would support the delivery of the Health Board's targeted intervention deescalation criteria.

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

Already Approved

- The Duty of Candour 2025/26 Annual Report (approved at the Extraordinary Public Board meeting on 25 June 2026), prior to its presentation at the Annual General Meeting on 30 July 2026.

Date of next meeting/ Dyddiad y cyfarfod nesaf: 11 August 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