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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Patient Quality, Safety and Outcomes Committee

Annual Report for 2025-26

March 2026

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Chair's Foreword

I am pleased to present the Patient Quality, Safety and Outcome Committee's (the Committee's) Annual Report for the year ended 31 March 2026.

In this report we provide an overview of the work of the Committee, which extends to the full range of Health Board responsibilities and encompasses all areas of patient experience, quality and safety relating to patients, carers and service users.

I would like to express my thanks to all who have contributed to the patient quality, safety and outcomes agenda over the last 12-months. During this time progress has been made in implementing the Quality Management System Framework and in developing the Quality Outcomes Framework.

Diolch yn Fawr / Thank you

A handwritten signature in black ink that reads "Helen N. Sweetland". The signature is written in a cursive style.

Helen Sweetland
Chair
Patient Quality, Safety and Outcomes Committee

1. Introduction

- 1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Term of Reference of the Patient Quality, Safety and Outcomes Committee (referred to throughout this document as 'PQSOC' or the 'Committee') were approved by the Board in May 2025 (see **Appendix 1**). These were not changed during the reporting year.
- 1.3 The Committee formally adopted its Terms of Reference, following the Board's approval, in May 2025.

The purpose of the PQSOC is to provide: evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and assurance to the Board in relation to the Health Board's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

- 1.4 This report describes how the PQSOC discharged its role and responsibilities during the period 1 April 2025 to 31 March 2026.

2 2025-26 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for PQSOC in 2025-26 is attached to this report (see **Appendix 2**).
- 2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive

agenda. This gives PQSOC flexibility to identify changing priorities or any need for further assurance or information.

3 PQSO Committee Meetings and Membership

3.1 During 2025-26, PQSOC met five (5) times via Microsoft Teams- in March 2025, June 2025, October 2025, December 2025 and February 2026. Detail of the Independent Members and Executive Directors who attended these meetings is provided at **Appendix 3**.

The Committee arranged for July 2025 was cancelled.

3.2 The Committee comprised the following Independent Members:

- Helen Sweetland (Chair)
- Penny Jones (Vice Chair)
- Paul Deneen
- Philip Robson
- Vivek Goel (From June 2025)
- Helen Cunningham (From February 2026)

3.3 In line with the Public Bodies (Admissions to Meetings) Act 1960, public bodies are ordinarily required to conduct meetings in public. Throughout 2025/26, Committee meetings were held virtually, which meant that public attendance was not facilitated. To maintain transparency and public accountability, and following agreement with Audit Wales from October 2025, the Health Board implemented an alternative arrangement whereby summaries of Committee meetings were published on the Health Board's website. These summaries provide an overview of the key discussions, decisions and outcomes of each meeting, ensuring continued openness in the conduct of the Committee's business.

3.4 The Committee's agenda and papers were made public, save where it was necessary to meet 'in private'. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest. There was 1 'in private' meeting held during 2025-26.

4 PQSOC Reporting Arrangements

4.1 Following each meeting, the PQSOC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#).

5. PQSOC Work Programme: 2025-26

- 5.1 During the year the Committee received updates in respect of the following items:
- 5.2 The Committee received regular updates on the key risks allocated to the Committee for monitoring and the position of each risk. At the end of the year the Committee's risk environment had one material change in risk exposure had been recorded. Risk SRR 005A, relating to the potential likelihood of the Health Board maintaining adequate arrangements to ensure system-wide patient flow, had increased in likelihood from a score of 3 (Possible) to 4 (Likely), resulting in a revised total risk score of 16.
- 5.3 During 2025–26, the Committee played a key role in overseeing the implementation and embedding of the Health Board's Quality Management System (QMS). The Committee received assurance that the QMS was aligned to statutory requirements under the Health and Social Care, Quality and Engagement Wales Act 2020, the Health and Care Quality Standards for 2023 and the Health Board's Quality Strategy.

The Committee scrutinised the operation of the Quality Management Group (QMG) as the central operational forum for quality assurance. Assurance was provided that:

- Divisional quality and patient safety arrangements were consistently reported through QMG;
- Risks, themes and learning across the six pillars of quality were triangulated and escalated appropriately;
- QMG provided effective oversight of regulatory actions, inspection outcomes and improvement plans.

The Committee was assured that reporting arrangements had been strengthened, with clearer differentiation between operational quality management (QMG), Executive oversight and Board-level assurance through PQSOC.

- 5.4 Health and Safety continued to be recognised as a high-level risk for the organisation. Throughout the year, the Committee received the following:
- Regular Committee Risk Reports;
 - Updates on statutory compliance and training;

- The Health and Safety Compliance Annual Report;
- Detailed assurance regarding Health and Safety Executive (HSE) activity.

A key assurance milestone during the year was the Committee receiving a detailed report on the HSE intervention at Hafen Deg Ward. The Committee was assured that all material breaches identified by the HSE had been addressed and a comprehensive improvement plan had been implemented. The Committee was also assured that learning had been embedded beyond the individual ward and that the HSE formally confirmed closure of the investigation.

The Committee acknowledged that, while significant progress had been made, Health and Safety remained an area requiring sustained leadership focus, particularly in relation to training compliance, violence prevention and workforce safety.

5.5 During 2025–26, the Committee received Primary Care Quality report which provided assurance on commissioning and quality oversight arrangements across the following areas:

- General Dental Services and General Medical Services;
- Welsh General Optometry Services and Community Pharmacy;
- Contract reform activity;
- Access and waiting times;
- Governance of independent contractors.

The Committee noted the complexity of quality assurance within independently contracted services and recognised the ongoing challenges relating to access and workforce sustainability.

5.6 During 2025-26, oversight of concerns management remained a significant area of focus. The Committee received regular assurance on:

- Putting Things Right (PTR) performance;
- Early resolution activity;
- Ombudsman cases and learning;
- Divisional learning from events reports.

While the Committee noted improvement in the quality of responses and early resolution rates, it continued to express concern regarding compliance with statutory response times. The Committee was assured that targeted improvement work was underway in high-volume specialties, and the Committee requested continuous monitoring.

A focus during the year was organisational readiness for the introduction of the Listening to People framework from April 2026. The Committee scrutinised the scale and complexity of the required cultural and operational change, alongside capacity and workforce implications, including mandatory listening conversations and, financial and system risks arising from the absence of additional national funding.

5.6 During the year, the Committee received quarterly Quality Outcome reports, that were structured around the 6 pillars of Quality:

1. Patient and staff experience
2. Patient safety
3. Clinical effectiveness
4. Health and safety
5. Infection prevention and control
6. Safeguarding

These reports enabled the Committee to monitor performance trends, identify emerging risks and challenge areas of variation across divisions. Key areas of assurance included:

- Continued strong patient experience feedback, with Civica survey results performing above the all-Wales benchmark;
- A sustained focus on waiting times as the lowest-scoring theme within patient feedback;
- Improvements in hospital falls performance, with the majority of incidents resulting in no or low harm;
- Stable mortality indicators, supported by strengthened Learning from Deaths processes;
- Continued challenges in data quality for pressure ulcers and medicines-related incidents, with improvement actions in place.

The Committee noted the increasing maturity of quality dashboards and welcomed ongoing work to improve automation and data triangulation.

5.7 The Committee received regular assurance on maternity and neonatal quality, performance and improvement activity. Key areas of focus included:

- Workforce stabilisation and improved recruitment;
- Cultural improvement programmes, including listening exercises;
- Medicines management and infection prevention improvements in neonatal services;
- Oversight of improvement plans and national review readiness.

The Committee acknowledged the progress made and requested continued updates to ensure sustained improvement and learning.

5.8 Throughout 2025/26, the Committee received the following Annual reports:

- Primary Care Quality Annual Report 2024/25, presented in October 2025, covering General Dental Services, General Medical Services, Welsh General Optometry Services and Community Pharmacy;
- Putting Things Right Annual Report 2024/25, providing assurance on the management of concerns and complaints, early resolution and organisational learning;
- Safeguarding Annual Report 2024/25, providing assurance on safeguarding activity, referral trends and training compliance;
- Health and Safety Compliance Annual Report 2024/25, providing assurance on statutory compliance and key health and safety risks;
- Learning from Deaths Annual Report, providing assurance on mortality review processes and organisational learning;
- Pharmacy and Medicines Management Annual Report 2024/25, providing assurance on medicines governance, safety and management arrangements;
- Annual Quality report, presented in October 2025, with discussion on achievements, learning, governance and priorities, and agreement that an action plan for 25/26 would follow.

5.9 The Committee a received several updates on Safeguarding activity and noted that this area remained a priority area for the Committee during 2025–26. The Committee received assurance that:

- Safeguarding referrals continued to increase, reflecting both complexity and improved awareness;
- Multi-agency working remained strong;
- Safeguarding governance was aligned through QMG and divisional structures.

A significant focus was safeguarding training compliance, particularly in Level 3 training. The Committee noted strong compliance for Levels 1 and 2, but there were significant challenges in delivering face-to-face Level 3 training at the required scale due to national resource and capacity constraints impacting delivery. The Committee recognised the operational and reputational risks associated with this issue and agreed escalation to the Board.

5.10 The Committee maintained oversight of external inspection and regulatory activity, particularly from Healthcare Inspectorate Wales (HIW). During the year, the Committee received regular updates on HIW inspection outcomes and scrutinised progress against improvement actions.

The Committee supported the implementation of the Assurance Monitoring and Tracking (AMAT) system. The Committee welcomed the improved visibility and consistency provided by AMAT and agreed that structured, twice-yearly reporting on HIW actions would strengthen assurance and organisational learning.

5.11 During 2025–26, the Committee escalated several significant risks to the Board, including:

- Risks associated with implementation of the Listening to People framework;
- Ongoing Health and Safety risk exposure;
- Capacity and resource risks related to safeguarding Level 3 training.

6. Patient Centred Care

6.1 On behalf of the Committee at Board level the presentation of Patient-Staff Stories continued. Topics presented included:

- Cryoablation for renal cancer by interventional radiology;
- Early pregnancy and emergency gynaecology: improvements introduced following a patient's experience of miscarriage care;
- Knee osteoarthritis embolisation service: showcasing innovative alternatives to surgery with strong outcome data;
- Arts in Health Programme for perinatal mental health, showing strong benefits for confidence, emotional regulation and social connection;
- Closed loop insulin pump therapy significantly improving quality of life for patients with Type 1 diabetes;
- Dementia.

7. Self-assessment and Evaluation

7.1 As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of Committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to

determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment enables the Committee to identify areas of development and focus for the coming year, including any training and development needs, as well as changes to processes and procedures.

The Patient Quality, Safety and Outcomes Committee undertook its statutory annual self-assessment between November 2025 and January 2026, achieving a 50% response rate. The results demonstrated a positive position overall, with strong levels of assurance across Committee governance and membership, clarity of roles and responsibilities, the balance of skills and experience, meeting conduct and challenge, decision-making and follow-up, and the quality and timeliness of information provided to support effective scrutiny and assurance.

The assessment identified some areas for further development, including the need to strengthen and formalise induction arrangements for new members; to establish clearer and more explicit annual objectives; and to introduce a more formalised annual appraisal process to support ongoing evaluation of the Committee's effectiveness and continuous improvement. The Committee reviewed the findings in February 2026 and confirmed actions to address the areas identified. It was also agreed that the outcomes of the self-assessment would inform the Annual Accountability Report and the Governance Statement.

Overall, the Committee concluded that it remains effective and well-supported, with clear strengths in governance, challenge and assurance, and has therefore agreed to take forward a programme of improvement for 2026/27 focused on enhancing induction, clarifying and formalising objectives, and embedding a more structured approach to reviewing and strengthening Committee effectiveness.

8. Key Areas of focus in 2026/27

8.1 As a result of the work of the Committee in 2025/26 the following areas of focus were identified:

- Continued embedding of the Quality Management System and Quality Outcomes Framework;
- Oversight of implementation of the *Listening to People* framework;
- Strengthening safeguarding training compliance and capacity;
- Sustained focus on health and safety risk reduction;

- Continued assurance over maternity, neonatal and mental health services;
- Improved triangulation of patient experience, safety and workforce data.

9. Conclusion

- 9.1 This report demonstrates that the Patient Quality, Safety and Outcomes Committee has effectively discharged its responsibilities during 2025–26. The Committee has provided robust assurance to the Board across a wide range of complex and high-risk areas, while maintaining a strong focus on patient experience, learning and continuous improvement.



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Patient Quality, Safety and Outcomes Committee

Terms of Reference – 2025/26

Version: Approved

Date: May 2025

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	Terms of Reference – 2025/26
Date of Document:	May 2025
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1. INTRODUCTION

- 1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.3 The Health Board has established a committee to be known as the **Patient Quality, Safety & Outcomes Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are provided below.

2. PURPOSE

- 2.1 The scope of the Committee extends to the full range of ABUHB responsibilities, with the exception of Mental Health and Learning Disabilities services which are the responsibility of the Mental Health and Learning Disabilities Committee. This encompasses all areas of patient experience, quality and safety relating to patients, carers and service users, within directly provided services and commissioned

services. The Committee will embrace the Health and Care Standards as the Framework in which it will fulfil its purpose:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

2.1 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction

- Citizen Experience; and
- Quality and Safety of directly provided and commissioned services.

2.2 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances on:

- a. The robustness of the Board's Clinical Quality Governance Arrangements;
- b. the experience of patients, citizens and carers ensuring continuous learning;
- c. the provision of high quality, safe and effective healthcare within directly provided and commissioned services; and
- d. the effectiveness of arrangements in place to support Improvement and Innovation.

3 DELEGATED POWERS AND AUTHORITY

3.1 With regard to the powers delegated to it by the Board, the Committee will:

- A. Seek assurance that the Health Board's **Clinical Quality Governance Arrangements** remain appropriate and aligned to the National Quality Framework and are embedded in practice.
- B. Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:
 - the delivery of the Patient Experience Plan; and
 - the implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments,

clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned.

- C. Seek assurance that arrangements for **the provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
- the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;
 - the commissioning assurance arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of those services commissioned for delivery on ABUHB's behalf;
 - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities;
 - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;
 - the arrangements in place to ensure that there are robust infection prevention and control measures in place in all settings;
 - the development of the Board's Annual Quality Priorities; and,
 - performance against key quality outcomes focussed indicators and metrics.
- D. Seek assurance on the arrangements in place to support **Research and Development and Improvement and Innovation**, including:
- an overview of the research and development activity within the organisation;
 - alignment with the national objectives published by Health and Care Research Wales (HCRW);
 - an overview of the quality improvement activity within the organisation.
- E. Seek assurance that arrangements for **compliance with Health and Safety Regulations and Fire Safety Standards** are sufficient, effective and robust, including:
- the operating practices in respect of: staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee

for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

- 3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

- 3.10 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Quality Framework and Board Assurance Framework/Strategic Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms

of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4 MEMBERSHIP

Members

4.1 Membership will comprise of five (5) members:

Chair: Independent member of the Board

Vice Chair: Independent member of the Board

Other Members: Three other independent members of the Board [*one of which should be the Vice Chair of the Health Board and the Chair of the Audit, Risk and Assurance Committee*]

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Nursing
- Director of Allied Health Professionals and Health Science
- Medical Director
- Chief Operating Officer

4.3 By invitation:

The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5 COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **bi-monthly (six times yearly)**, and in line with the Health Board's annual plan of Board Business.

- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's

performance and operation including that of further committees established.

- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum
 - Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Appendix 2

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	QTR 1		QTR 2	QTR 3		QTR 4
			31 st March	3 rd June	29 th July	1 st Oct	2 nd Dec	17 th Feb
Attendance and Apologies	Chair	SI	✓	✓	✓	✓	✓	✓
Declarations of Interest	All members	SI	✓	✓	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓	✓	✓
Development of Committee Annual Programme of Business 2026/27	Chair & DoCG	AN	✓				✓D	✓
Review of Committee Programme of Business 2025/26	Chair	SI	✓	✓	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2025/26	Chair & DoCG	AN	✓					✓
Annual Review of Committee Effectiveness 2025/26	Chair & DOCG	AN	✓				✓D	✓
Outcome of Annual Review of Committee Effectiveness 2025/26	Chair & DOCG	AN	✓					✓

Committee Annual Report 2024/25	Chair & DOCG	AN	✓					
Committee Annual Report 2025/26	Chair & DOCG	AN						√D
Committee Risk Report	DOCG	SI	✓	✓	✓	✓	✓	✓
NHS Wales Joint Commissioning Quality Committee Report	DOCG	SI	✓	✓	✓	✓	✓	✓
Quality Annual Report 2024/25	DoN	AN				✓		
Quality Management System and Assurance Framework Annual Review	Clinical Executives	AN	✓					√D
Quality Outcomes Reporting	DoN /MD & DOTHS	Quarterly	✓ Interim	✓ Q4	✓ Q1	✓ Interim	✓ Q2	✓ Q3
Primary Care Quality Report	COO	Bi-AN				✓		
Quality Management Group Reporting, including escalation through Quality Management System	DoN	SI	✓	✓	✓	✓	✓	✓
Healthcare Inspectorate Wales Annual Report	DoN	AN	✓					
Healthcare Inspectorate Wales Reviews	DoN	As reported						
Commissioning Assurance Framework Annual Review	Clinical Executives	AN		✓				
Commissioning for Quality Outcomes Report	Clinical Executives	Bi-An	✓			✓		
Putting Things Right Annual Report 2024/25	DoN	AN				✓		

Maternity and Neonatal Report	DoN	Bi-An			√D			√
Learning from Death Report	MD	Bi-AN			√	√		√D
Listening and Learning Framework Annual Review	DoN	AN	√					
Serious Incident Learning Report	DoN	AN					√	
Health and Safety Compliance Annual Report	DoT&HS	AN			√D	√		
Safeguarding Annual Report	DoN	AN			√	√		
Ward Accreditation Report	DoN	AN					√	
Nurse Staffing Levels (Wales) Act 3-year report (3-yearly)	DoN	AN					√	
Nurse Staffing Levels Wales Act Annual Assurance Report	DoN	AN				√		
Annual Report on Clinical Audit Activity 2024- 2025	MD	AN		√				
Mortuary Incident action plan PQSOC 0306/11	COO	Action					√	
Update on development of local audit plans and funding arrangements PQSOC 0306/12	MD	Action					√	

HSE Report (For Information) PQSOC 0110/06	DoT&HS	Action					√	
Update on maternity and neonatal services, including results of the neonatal culture review and outcomes from the listening events PQSOC 0110/06	DON	Action					√	
Update on Health and Safety Executive (HSE) investigations, including the open investigation related to a fall in 2019 and other cases of interest. PQSOC 0110/15	DoT&HS	Action					√	
PALS scheme and Organisational Change programme review outcomes. PQSOC 0110/06	DON	Action					√D	√
Year 3 quality strategy implementation plan PQSOC 0110/07	DON	Action					√	
The Healthcare Inspectorate Wales final report for Pillmawr and Adferiad PQSOC 0110/08	DON	Action					√	
Update on Safeguarding level 3 training PQSOC 0110/11	DON	Action					√	

Ophthalmology Audit Wales Report	DON	Ad Hoc					√	
Healthcare Inspectorate Wales Reviews a) Pillmawr & Adferiad Wards, SCH b) Minor Injuries Unit, YYF c) Birth Centre, YYF	DON	Ad Hoc/action						√
Report on recent HSE intervention at Hafan Deg Ward, including the actions taken and the closure of the investigation PQSOC 0212/05	DoAHPS &HS	Action						√
Healthcare Inspectorate Wales (HIW) reports PQSOC 0212/05	DON	Action						√
Putting Things Right Regulations report	DON	Ad Hoc						√
Pharmacy and Prescribing Report	DON	Ad Hoc						√

Appendix 3

Patient Quality, Safety and Outcomes Committee: Attendance at meetings in 2025-26

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	March	June	July	October	December	February
Independent Members						
Helen Sweetland	X	X	X	X	X	X
Penny Jones	X	X		X	X	X
Paul Deneen	X	X	X	X	X	X
Philip Robson		X	X	X	X	X
Vivek Goel			X	X	X	X
Helen Cunningham						X
Executive Directors						
Medical Director	X	X	X	X	X	X
Director of Allied Health Professions & Health Science	X	X	X	X	X	X
Director of Nursing	X	X	X	X	X	X

