



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

**MINUTES OF THE PATIENT QUALITY, SAFETY
AND OUTCOMES COMMITTEE MEETING**

DATE OF MEETING	Wednesday 1st October 2025, 09:30am-13:30pm
VENUE	Microsoft Teams

PRESENT	Helen Sweetland, Chair Penny Jones, Vice Chair Paul Deneen, Independent Member Vivek Goel, Independent Member (until 10.45)
IN ATTENDANCE	Nicola Prygodzicz, Chief Executive Jennifer Winslade, Director of Nursing Andy Bagwell, Interim Medical Director Peter Carr, Director of Allied Health Professions & Health Science (Item 2.8 only) Leanne Watkins, Chief Operating Officer (Item 2.4 only) Rachel Prangle, Head of Primary Care (Item 2.4 only) Rani Dash, Director of Corporate Governance Leeanne Lewis, Assistant Director of Quality & Patient Safety Collette Kiernan, Deputy Director of Allied Health Professions and Health Science Tracey Partridge-Wilson, Deputy Director of Nursing (Item 2.5 only) Kelly Downes, Deputy Director of Nursing (Item 2.6 & 2.7) Lucy Windsor, Head of Corporate Risk & Assurance (Item 2.10 only) Naomi Murtagh, Board Business Manager Fern Woodhead, Committee Secretariat
OBSVERING	Thokozani Owino, Aspiring Independent Member
APOLOGIES	Philip Robson, ABUHB Vice Chair

PQSOC 0110/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PQSOC 0110/02	Apologies for Absence The Chair confirmed that there were apologies for absence from Philip Robson.
PQSOC 0110/03	Declarations of Interest

	<p>There were no declarations of interest raised relating to items on the agenda.</p>
<p>PQSOC 0110/04</p>	<p>Minutes of the previous meeting</p> <p>The minutes of the Patient Quality, Safety and Outcomes Committee held on 3rd June 2025 were agreed as a true and accurate record of the meeting.</p> <p>The Committee APPROVED the draft minutes.</p>
<p>PQSOC 0110/05</p>	<p>Committee Action Log</p> <p>The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions.</p> <p>The Committee APPROVED the action log.</p>
<p>PQSOC 0110/06</p>	<p>Quality Outcomes Reporting</p> <p>Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the interim performance report for July 2025, which outlined the quality and safety metrics aligned with Ministerial priorities and the Health Board’s strategic objectives.</p> <p>Following the launch of the Quality Strategy, Patient Experience & Involvement Strategy, and the Quality Improvement Strategy, the Health Board had continued to refine its approach to quality metrics. These measures were being developed iteratively to ensure they reflected what matters most to patients, their families, and the wider public.</p> <p>The Committee was advised that the report highlighted notable improvements in patient experience, safety, and clinical effectiveness. However, it also identified areas of ongoing risk and opportunities for further action. A more refined approach to the six quality pillars had been adopted and would be reflected in the Quarter 2 reporting framework.</p> <p>To support this work, a Quality Management Group had been established to oversee risk management and ensure alignment with national directives. The Committee was informed of a recent Sepsis Listening Event, which was well received and provided valuable insights from patients who shared their experiences. The Committee expressed appreciation to those who contributed.</p>

In relation to nutrition and hydration; the Nutrition and Hydration Steering Group was actively working to enhance monitoring and learning, particularly within Mental Health services.

The CIVICA programme continued to demonstrate high satisfaction rates and improved response rates. The team were working with data and digital colleagues to produce an updated Quality and Safety Dashboard that would align with the new Quality Outcomes Framework. It was reported that there was increased involvement of the divisional QPS teams who are reporting now to their dashboards. Emerging themes were incorporated into learning events across divisions so that there were insights from different services. The new systems with the Quality Management Group could help to strengthen governance and monitoring mechanisms.

The Committee also noted a recent site visit from Health and Safety Executive (HSE) representatives at Hafen Deg, which was described as positive, with formal feedback from this visit still awaited. The Committee agreed the written report would be shared with the Committee for information once received. **Action: Director of Nursing.**

The Committee received an update on two divisions that were subject to enhanced monitoring:

- The Mental Health and Learning Disability Division, with significant work underway to strengthen quality and patient safety systems within these divisions. This included improvements in safeguarding practices, targeted staff development, and thematic analysis of incidents such as ligatures and deliberate self-harm. The Division was actively participating in national patient safety programmes, and while progress was being made, some systems were still embedding; and
- Urgent and Emergency Care Division which had improved its handover targets, resulting in positive progress. The Health Board was participating in national reviews and anticipated further learning and reporting at both organisational and national levels. Improvements in patient flow and discharge processes were highlighted, although concerns remained regarding the practice of boarding patients. The Committee was informed that all boarding spaces had been thoroughly reviewed, with changes made where necessary to ensure patient safety, privacy, and dignity.

The Committee was advised that the quality and safety programme for maternity and neonatal services had improvement plans in place for both areas, with ongoing work to improve integration between the teams. Key priorities included addressing staffing and sickness especially in neonatal team, enhancing pharmacy and medicines management, and maintaining a strong focus on infection prevention and control. A listening exercise for neonatal services had taken place, with a similar event planned for maternity. There had been no increase in serious incidents reported, and feedback from families remained positive.

The Committee agreed for a further update, including the results of the neonatal culture review and outcomes from the listening events, to be provided at the December meeting. **Action: Director of Nursing**

Penny Jones (PJ), Independent Member, asked for clarification on the place of 'boarding' for patients and the problems with confidentiality and maintaining the dignity of patients. It was reported that the situation was constantly monitored by senior nursing staff to ensure that boarding is only used as necessary and appropriately.

Vivek Goel (VG), Independent Member, asked about the variable staffing to cope with boarding patients. It was explained that currently this was dealt with on an adhoc / risk-based basis, as it was hoped that the boarding situation would improve with time, but the situation was monitored twice a day by senior nursing staff.

JW commented on some of the data in the report and the Committee was advised that the safeguarding training position remained positive, with strong compliance for Level 1 and Level 2 training. However, ongoing work was required to improve uptake of Level 3 training, which was mandated for all staff with a clinical contact. The complexity of Level 3 training delivery was noted, as it requires a multi-professional, face-to-face element and cannot be completed solely online.

The Committee was informed that 120 anaesthetists were scheduled to complete both Level 2 and Level 3 training within the current month, supporting the Health Board's commitment to safeguarding standards. The Committee acknowledged the positive progress made and the continued efforts to ensure all relevant staff were appropriately trained, recognising that further work was needed to achieve full compliance.

Paul Deneen (PD), Independent Member, asked about why the GP programme on Domestic abuse had been discontinued and JW informed the Committee that this had been a risk-based decision and that the safe-guarding team were working with primary and community care on alternative support, alongside some national work in this area.

Helen Sweetland (HS), Chair, asked about the increase in Medication Errors which had occurred recently. The Acting Medical Director reported that this was an important area of work and the roll out of EPMA–electronic prescribing and medicines administration would help with some problems.

PJ commended the work on the ward accreditation scheme and the positive benefits for quality, safety and team morale.

The Committee noted that there was an ongoing review following the Organisational Change programme in 2024 and that the PALS scheme was also being evaluated against the business case. The Committee would request further information on the outcomes of these reviews.

Action: Director of Nursing

The Committee **NOTED** the report and the ongoing work that is being done to deliver the Duty of Quality and Duty of Candour.

PQSOC 0110/07

Quality Annual Report 2024/25

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Quality Annual Report for 2024/25, which outlined the Health Board's achievements, challenges, and strategic direction in relation to quality, safety, and patient experience. The report reflected the organisation's commitment to continuous improvement and transparency in delivering high-quality care across all services.

Helen Sweetland (HS), Committee Chair, acknowledged the extensive work undertaken by teams across the Health Board to achieve the improvements, progress the work streams for 24/25 and compile the detailed report. The Committee noted that the document aligned with the six pillars of quality, patient experience, safety, and clinical effectiveness and demonstrated progress to deliver the Duty of Quality.

The Committee discussed the importance of ensuring the report was accessible and meaningful to a wide audience, including patients, families, staff, and external

stakeholders. The Committee emphasised the need for clear language, visual summaries, and patient stories to enhance engagement and understanding.

The Committee welcomed the inclusion of patient feedback and case studies, which illustrated the impact of service improvements. It was agreed that further work would be done to embed patient voice throughout the report, including contributions from Llais and other advocacy groups.

The Committee noted the value of showcasing learning from incidents, audits, and service evaluations. The report included examples of how feedback had led to tangible changes in practice, particularly in areas such as nutrition and hydration, mental health services, and urgent care pathways.

The Committee noted the improvements to the governance arrangements underpinning quality reporting, including the role of the Quality Management Group and the integration of quality metrics into performance dashboards. It emphasised that risks were being actively monitored and addressed.

The Committee commended the report's comprehensive scope and the collaborative effort involved in its production and provided feedback on formatting, clarity, and content, which would be incorporated into the final version. The committee noted the priorities for 25/26 and JW explained that an action plan will be produced for presentation at the next meeting. **Action: Director of Nursing**

The Committee **NOTED** the progress of work over the past 12 months as reflected in the Annual Quality Report and supported the submission to Welsh Government.

PQSOC 0110/08

Quality Management Group Reporting

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an update on the activities and progress of the Quality Management Group (QMG), which had been established to oversee the Health Board's approach to managing quality-related risks and aligning with national directives. The Committee noted the QMG had a central role in supporting the development and implementation of the Quality Management System (QMS), ensuring that quality goals were embedded across services and that performance was monitored and reported effectively.

During the meeting, it was noted that the QMG had been instrumental in refining the Health Board's quality pillars patient experience, safety, and clinical effectiveness and in developing a more structured framework for reporting. The framework was expected to be introduced in Quarter 2 and would support more consistent and meaningful measurement of quality outcomes.

The Committee was advised that the QMG had facilitated several learning events, particularly within Mental Health services, to strengthen monitoring and enhance quality and safety practices. A review of ligature incidents had identified a training / competency issue and the quality of clinical record keeping which were being addressed.

The committee noted the HIW IR(ME)R inspection in March 25 with an overall positive report but some immediate actions completed. The committee was also assured that the HTA Annual report for 24/25 had demonstrated progress in meeting the standards, following serious incidents in the previous reporting year.

The Committee noted the report on a visit from Healthcare Inspectorate Wales (HIW) representatives to Pillmawr and Adferiad wards in May. Positive comments were received related to compassionate care in both wards. Areas of concern related to environment, safety, workforce, training and governance. An action plan is in place and is being worked through but risks remain until complete. The QMG would be responsible for reviewing the feedback and coordinating any required actions. The final report to be presented to the committee. **Action: Director of Nursing**

The Committee welcomed the report and acknowledged the importance of the QMG in driving forward the Health Board's quality agenda and expressed support for the continued development of the QMS and the integration of learning across services.

The Committee **NOTED** the report.

PQSOC 0110/09

Primary Care Quality Report

Leanne Watkins (LW), Chief Operating Officer, provided the Committee with an overview of the 2024/25 Annual Quality Report for Primary Care. The report provided assurance on the commissioning arrangements and quality oversight across General Dental Services, General Medical Services, Welsh General Optometry Services, and Community Pharmacy.

The Committee noted the complexity of the services delivered through independent contractors and the Health Board's role in ensuring robust monitoring and governance, highlighting that all commissioning arrangements were compliant with relevant regulations and supported by structured management processes.

The discussion included the reform of dental and ophthalmic contracts, with the Committee noting the challenges posed by independent contractor status and the need for consistent quality assurance across all service areas. The school dental programme and waiting times were identified as areas requiring further attention, particularly in light of ongoing access issues and service demand.

The Committee welcomed the role of the Primary and Community Care Academy in supporting the development of multi-professional teams and enhancing workforce capability. The Committee acknowledged the importance of the initiative in safeguarding the future delivery of primary care services.

The report addressed quality and patient safety, with reference to concerns, Freedom of Information requests, and Health Inspectorate Wales engagement. The Committee noted the inclusion of governance mechanisms such as mid-year and end-of-year reviews, contract variations, and the Quality Assurance System.

During the discussion, the Committee raised questions about the impact of contract reforms, the integration of quality outcomes into service delivery, and the challenges of maintaining standards across diverse provider settings. The Committee was informed that these issues were being actively managed and monitored.

Independent members were concerned about how General Medical Services were monitored for quality assurance and information was provided on the annual contract review process and the Access standards and quality improvement framework. The team reported that they have regular contacts with practices by monthly monitoring of data and quarterly meetings, providing support if there were any concerns.

The Committee expressed appreciation for the comprehensive nature of the report and the collaborative effort involved in its production. The Committee

	<p>emphasised the importance of continued engagement with contractors and stakeholders to drive improvement.</p> <p>The Committee NOTED the 2024/25 Annual Primary Care Quality Report and support the submission of it.</p>
PQSOC 0110/10	<p>Putting Things Right Annual Report 2024/25</p> <p>Tracey Partridge-Wilson (TPW), Deputy Director of Nursing, provided the Committee with an overview of the Putting Things Right (PTR) Annual Report for 2024/25. TPW advised that the report provided a comprehensive outline of the Health Board’s approach to concerns management, patient experience, legal claims, and organisational learning, underpinned by the principles of openness, honesty, and person-centred care.</p> <p>The Committee was advised that the PTR regulations and the NHS Duty of Candour came into effect on 1 April 2023. These frameworks had been embedded into everyday practice, supporting a culture of transparency and continuous improvement. The Health Board had taken proactive steps to prepare for the revised PTR regulations currently under consultation, ensuring readiness through collaboration with external partners and internal teams.</p> <p>The Committee noted the key achievements that included the implementation of streamlined quality assurance processes to support earlier resolution of concerns and a more consistent approach to investigations. The introduction of an Acknowledgement Team was noted as a significant development, aimed at understanding what mattered most to individuals raising concerns and ensuring timely, meaningful engagement.</p> <p>The Committee was informed that there were over 11 million patient contacts per year and only 0.027% of those lead to a complaint / incident. The Committee was informed that the Health Board had managed a total of 3,190 cases during the reporting period, including 1,518 under PTR, 1,656 through early resolution, and 16 reopened cases. Each case was supported by a Divisional Learning from Events Report, which captured key issues and actions taken to prevent future harm.</p> <p>The Committee welcomed the emphasis on the person-centred approach and the improvements in documentation, investigation quality, and accessibility for service users.</p>

The report identified three priorities for ongoing work in 25/26, in anticipation of revised PTR regulations in 2026.

The Committee acknowledged the importance of continued engagement with service users and families, recognising their role in shaping safer, more responsive services. The report was commended for its clarity, depth, and alignment with strategic priorities.

The Committee **NOTED** the Putting Things Right Annual Report 2024/25 and the three key priorities for 25/26.

PQSOC 0110/11

Safeguarding Annual Report

Kelly Downes (KD), Deputy Director of Nursing, provided the Committee with an overview of the Safeguarding Annual Report for 2024/25, advising the report outlined the safeguarding activity across the Health Board, including governance arrangements, referral trends, training compliance, and strategic developments.

The Committee was advised that there had been an increase in safeguarding referrals during the reporting period, particularly in cases involving neglect and physical harm. This rise had led to a greater number of strategy meetings and multi-agency interventions, reflecting both increased awareness and complexity of safeguarding needs across the region.

Challenges were highlighted to the Committee in relation to Level 3 safeguarding training for both children and adults. The large cohort of staff requiring this training had posed logistical difficulties, and the Health Board was working with ESR to integrate the training into the system. Once resolved, the Corporate Safeguarding Team would support the identification and alignment of staff to ensure compliance.

The Committee was advised that the report also outlined the governance structures supporting safeguarding, including the Safeguarding Group and its links to the Quality Management Group. The Committee was informed that safeguarding risks were actively monitored and escalated appropriately, with divisional engagement, embedding of supervision and safeguard training, ensuring consistent practices which all contribute to continuous improvement.

The Committee discussed the importance of embedding safeguarding principles into everyday practice and

ensuring that staff feel supported when managing complex cases. The Committee also reflected on the previous request to include a section in the report outlining support provided to staff, which was addressed in this year's submission.

The Committee commended the report for its clarity and depth, acknowledging the efforts of the safeguarding team in responding to increasing demand and maintaining robust governance. The Committee expressed support for the priorities for 25/26, including ongoing work to improve training compliance and strengthen multi-agency collaboration with local authorities and police partners.

Following further discussion regarding issues related to level 3 training it was agreed that an update would be brought to the committee. **Action: Director of Nursing**

The Committee **NOTED** the Safeguarding Report for 2024-2025.

PQSOC 0110/12

Nurse Staffing Levels Wales Act 2016: Spring 2025 Recalculations

Kelly Downes (KD), Deputy Director of Nursing, provided the Committee with an overview of the Spring 2025 recalculations report under the Nurse Staffing Levels (Wales) Act 2016 (NSLWA). The report provided assurance on the Health Board's compliance with Section 25B of the Act, which mandates bi-annual recalculations of nurse staffing levels across adult acute medical, surgical, and paediatric wards.

The recalculations were informed by the January 2025 acuity audit and conducted through a triangulated approach, as stipulated in the statutory guidance. This involved detailed discussions held throughout March and April 2025 with representation from divisional nursing leads, ward managers, the Nurse Staffing Act Programme Lead, e-rostering and finance teams. The process examined ward type, bed base, funded establishment, e-roster housekeeping, and Safe care compliance.

The Committee was advised that there had been a successful rollout of safe care across all Section 25B wards, enabling access to 6 months of acuity data rather than the previous one month snapshot. This enhanced the robustness of the recalculations and supported more informed decision-making.

The Committee was informed that the quality indicators from the previous 6 months were scrutinised, including

hospital-acquired pressure ulcers, patient falls with harm, medication errors, infection rates, and complaints involving nursing care. Staffing deployment, including bank and agency usage and variable pay, were also reviewed.

The Committee was advised that the Executive Team had been appraised of the recalculation outcomes and supported the amendments made to the nurse staffing establishments. These changes had a clear governance process in place to inform the Board and Welsh Government.

The Committee acknowledged the importance of maintaining appropriate nurse staffing levels to ensure safe, effective, and compassionate care. The Committee commended the comprehensive nature of the recalculations and the collaborative effort across divisions.

The Committee **NOTED** the report and **AGREED** to the findings of the Spring 2025 recalculations, as approved at the Executive, subject to continued monitoring and reporting.

PQSOC 0110/13

Health and Safety Compliance Annual Report

Peter Carr (PC), Director of Allied Health Professions & Health Science, provided the Committee with an overview of the Health and Safety Compliance Annual Report for 2024/25. The report provided assurance on the Health Board's compliance with statutory health, safety, and fire obligations, and outlined key achievements, challenges, and strategic priorities for the coming year.

The Committee was advised there had been several improvements in compliance, notably, RIDDOR reporting increased from 67.7% in 2023/24 to 69.8% in 2024/25. It was noted that it should be 100% so considerable work is being done to address this, by improving staff training.

Statutory and mandatory training compliance had also improved, particularly in Manual Handling and Violence Prevention & Reduction. It was noted that the team were now taking a risk-based approach to manual handling training so that people engage with appropriate training for their roles.

A comprehensive programme of workplace inspections was completed across acute hospitals, community hospitals, and mental health and learning disability sites, yielding an average compliance score of 89.63%. Actions arising from

the inspections are closely monitored to ensure completion.

The Committee was informed that 226 additional employees had been trained in undertaking Health and Safety Risk Assessments during the reporting period. Fire Risk Assessments were completed or reviewed for 100% of the planned areas, representing a 4% increase compared with the previous year. Capital investment was secured to upgrade fire alarm systems at Royal Gwent Hospital and St Cadoc's Hospital, with a planned replacement programme now in place. The condition of fire barriers was also assessed, identifying improvement needs at Nevill Hall Hospital and Royal Gwent Hospital.

The Committee was informed of the increase in reported H&S incidents, probably related to better reporting, but there has been an increase in needle stick injuries so an improvement project initiated by infection control team.

The Committee was advised of 2 risk areas for 2025/26:

1. **Health and Safety Leadership** – A lack of understanding of health and safety responsibilities among managers and supervisors posed a significant risk to the Health Board.
2. **Health and Safety Assistance** – Limited resources within the Corporate Health and Safety Department could impact the Health Board's ability to meet legislative requirements, such as fire safety, RIDDOR reporting, risk assessments, policy updates and training.

The Committee acknowledged the importance of embedding health and safety principles into operational practice and ensuring that all staff are adequately supported and trained.

Paul Deneen (PD), Independent member, asked about the apparent increase in incidents of violence and aggression towards staff. PC provided further information on the data and the actions that are being taken to support staff who are involved in physical assaults. It was noted that microaggressions and verbal abuse are also areas of concern. PC reported that a strategy for violence prevention and reduction will be presented to People and Culture Committee in the future.

The Committee commended the report's clarity and depth, and endorsed the strategic direction outlined for 2025/26. The Committee emphasised the need for continued

	<p>investment in infrastructure and workforce development to sustain compliance and improve safety outcomes as Health and Safety was still an area of high risk.</p> <p>The Committee NOTED the Health and Safety Compliance Annual Report 2024/25 and ENDORSED its findings, subject to ongoing monitoring and future updates.</p>
PQSOC 0110/14	<p>Learning from Death Report</p> <p>Leeanne Lewis (LL), Assistant Director of Quality & Patient Safety, provided the Committee with an overview of the Learning from Deaths Report for the period July 2024 to March 2025. The report provided assurance that the Health Board continued to strengthen its approach to learning from patient deaths, embedding a culture of continuous improvement, transparency, and accountability.</p> <p>The Committee was advised that the report outlined the implementation of the Learning from Deaths Framework across all Divisions, supporting a robust ward-to-board assurance process. The framework enabled systematic reporting and oversight of mortality data, triangulating condition-specific trends with insights from the Medical Examiner service. The Committee noted that structured mortality reviews were being undertaken, although currently limited to the corporate team due to constraints with external software, which restricted the identification of mortality outliers.</p> <p>The framework supported the stratification of mortality data into 3 tiers, the Health Board, Division, and Directorate allowing for targeted analysis and learning. The Committee noted that the framework also integrates findings from national clinical audits, mortality and morbidity reviews, medical examiner reports and inquests, ensuring that learning was evidence based and aligned with governance expectations.</p> <p>The Committee acknowledged the challenges in conducting comprehensive mortality reviews and supported the continuation of the clinical coding improvement programme to enhance the reliability of RAMI (Risk Adjusted Mortality Index) data. The Committee emphasised the importance of ensuring that learning from deaths translated into measurable actions that improve patient safety and quality of care.</p> <p>Penny Jones (PJ), (Independent Member,) asked about deaths related to mental health issues and it was noted the ongoing work to collate and review unexpected deaths</p>

in MHLD division and that the reporting of stillbirth, neonatal and maternal deaths follow a robust internal process and was reported to MBRRACE. The Committee was informed that deep dives were also undertaken if an area of concern was noted by RAMI data.

Paul Deneen (PD), Independent Member asked for further information on reported delays on issuing death certificates. (LL) reported that the CMO had asked the team to report on the KPIs related to the length of time for issuing death certificates and there was an ongoing improvement plan working with the mortuary and the Care after Death team.

Helen Sweetland (HS), Independent Member, asked for assurance on how the team ensured that lessons were learnt from deaths, especially if unexpected. LL reported that directorates hold regular morbidity and mortality meetings to discuss cases and learn from them. Lessons learnt are also disseminated through newsletters and divisional QPS meetings.

The Committee **NOTED** the Learning from Deaths Report and **ENDORSED** the ongoing work to embed the framework and strengthen governance arrangements.

PQSOC 0110/15

Committee Risk Report

Lucy Windsor (LW), Head of Corporate Risk & Assurance, provided the Committee with an overview of the Committee Risk Report, which outlined strategic risks delegated to the Committee for monitoring on behalf of the Board.

The Committee was advised that there had been no changes to the strategic risk scores since the last report in July 2025. The Committee continued to oversee 3 principal risks and 8 sub-risks, all of which remained within the agreed review timeframes. The control environment for each risk was assessed as robust, with assurances tested to ensure effectiveness.

The Committee acknowledged the summary of the urgent and emergency care risk, noting that while the report was generally positive, a few findings and recommendations had emerged. These would inform further controls and be incorporated into the next round of risk reporting.

The Committee was advised that future reports would begin to include high-level operational corporate risks to

	<p>ensure the Committee were fully sighted on emerging issues across the organisation.</p> <p>The Committee noted that a new Health and Safety Group had been established alongside the existing Health and Safety Committee. This group included representatives from operational departments and aimed to improve compliance through enhanced risk assessments, RIDDOR reporting, and targeted improvement initiatives.</p> <p>The Committee agreed that an update on Health and Safety Executive (HSE) investigations, including the open investigation related to a fall in 2019 and other cases of interest, would be brought to a future committee meeting. This was to ensure the Committee remained well-briefed on ongoing HSE matters and any implications for the organisation. Action: Director of AHPS and Health Science</p> <p>The Committee discussed the importance of divisional engagement in risk management and welcomed the steps being taken to strengthen governance structures. The Committee expressed support for the inclusion of operational risks in future reports and emphasised the need for continued assurance around control effectiveness and risk mitigation.</p> <p>The Committee NOTED the Committee Risk Report and ENDORSED the proposed developments in reporting and governance.</p>
<p>PQSOC 0110/18</p>	<p>Review of Committee Programme of Business 2025/26</p> <p>Review of Committee Programme of Business 2025/26 was provided to the Committee for information.</p>
<p>PQSOC 0110/19</p>	<p>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</p> <p>To be noted that a Violence Prevention and Reduction Strategy to be presented to the People and Culture Committee in 2026. Action: Committee Secretariat/ Director of Allied Health Professions & Health Science</p>
<p>PQSOC 0110/20</p>	<p>Any Other Urgent Business</p> <p>There was no urgent business.</p>

PQSOC 0110/21

Date of the Next Meeting:

2nd December 2025