



**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	Tuesday 17 th February 2026, 13:30pm-16:00pm
VENUE	Microsoft Teams

PRESENT	Helen Sweetland, Chair Penny Jones, Vice Chair Philip Robson, ABUHB Vice Chair Paul Deneen, Independent Member Vivek Goel, Independent Member (arrived at 14:10) Helen Cunningham, Independent Member
IN ATTENDANCE	Jennifer Winslade, Director of Nursing Seema Srivastava, Medical Director Peter Carr, Director of Allied Health Professions & Health Science Rani Dash, Director of Corporate Governance Karen Hatch, Assistant Director Allied Professions & Health Science Craig Roberts, Assistant Director of Allied Health Professions & Health Science Rhiannon Price, Senior Quality, Patient, Safety Manager (Item 2.6) Naomi Murtagh, Board Business Manager Fern Woodhead, Committee Secretariat
OBSVERING	Rhian Gard, Internal Audit Thokozani Owino, Aspiring Board Member
APOLOGIES	None

PQSOC 1702/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PQSOC 1702/02	Apologies for Absence The Chair confirmed that there were no apologies for absence.
PQSOC 1702/03	Declarations of Interest There were no declarations of interest raised relating to items on the agenda.
PQSOC 1702/04	Minutes of the previous meeting

	<p>The minutes of the Patient Quality, Safety and Outcomes Committee held on 2nd December 2025 were agreed as a true and accurate record of the meeting.</p> <p>The Committee APPROVED the draft minutes.</p>
PQSOC 1702/05	<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>
PQSOC 1702/06	<p>Quality Outcomes Report</p> <p>Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Quality Outcomes report for Quarter 3. The report reflected the continued implementation of the Health Board’s Quality Strategy, Patient Experience and Involvement Strategy, and Quality Improvement approach.</p> <p>The Committee was advised that the Quality Outcomes Framework (QOF) had been further refined following feedback from Audit Wales, with clearer alignment to national expectations while remaining rooted in local learning and patient experience. JW advised that this was the second quarterly report using the revised Pillars of Quality, including the addition of Clinical Effectiveness as a distinct pillar.</p> <p>The Committee noted the key updates across the pillars. In relation to patient and staff experience, JW advised that the Health Board continued to perform above the all-Wales benchmark for Civica feedback, with consistently positive comments about staff care and compassion. However, waiting times remained the lowest-scoring theme and continued to require focused improvement, both in planned care and in unscheduled settings. JW highlighted the role of the Patient Advice and Liaison Service (PALS) in supporting early resolution of concerns and reducing pressure on clinical teams.</p> <p>In respect of complaints and concerns, the Committee was advised that there had been a reduction in overdue Putting Things Right cases, although performance remained below the national target. Progress had been made in early resolution, and targeted work was underway in divisions</p>

with the highest complaint volumes, including trauma and orthopaedics and maternity services.

JW outlined performance under the patient safety pillar. The Health Board continued to benchmark positively for mortality, and improvements had been seen in falls performance. Medication safety incidents remained stable overall, with variation between divisions, and several quality improvement projects were ongoing. Pressure ulcer reporting continued to be a challenge, particularly in differentiating between hospital-acquired and community-acquired cases, and further work was underway to improve data quality and focus on preventable harm. JW advised that while there had been no new never events during Quarter 3, a never event had occurred in January 2026 and would be reported in Quarter 4.

Peter Carr (PC), Director of Allied Health Professions & Health Science, provided the Committee with an update on health and safety, highlighting continued focus on violence prevention, reduction of sharps injuries, and statutory training compliance, including fire safety and manual handling. A thematic review of sharps incidents was underway to better understand contributory factors and inform improvement actions.

The Committee was advised that infection prevention and control, had a challenging winter period due to respiratory infections, norovirus and COVID-19. JW highlighted strong joint working between infection prevention teams and operational colleagues, including early adoption of mask-wearing and effective outbreak management. Although performance remained strong against all-Wales benchmarks, challenges persisted in meeting Welsh Government reduction targets for certain infections, including *Clostridium difficile*.

In relation to safeguarding, The Committee was advised that adult duty-to-report referrals had reduced slightly, while children's referrals remained high. JW noted increasing complexity within safeguarding work, including multi-agency demands, and confirmed that workforce capacity continued to be monitored. JW also highlighted work underway in relation to persons in positions of trust and revised safeguarding policies.

During discussion, Philip Robson (PR), ABUHB Vice Chair, welcomed the overall improvement shown in the report and asked how learning and quality improvement extended

into community and domiciliary care settings. JW advised that quality metrics included community services and that close working existed with local authority partners, community nursing teams and care homes, although further joint working opportunities remained.

Paul Deneen (PD), Independent Member, raised questions regarding hospital-acquired thrombosis rates and physical assault data. Seema Srivastava (SS), Medical Director, advised that preventable thrombosis rates remained stable and that further analysis was underway to better understand contributory factors. PC advised that further work would be undertaken to analyse physical assault data, including whether incidents related to repeat individuals or specific wards, and this would be brought back to the Committee. **Action: Director of Allied Health Professions & Health Science**

The Committee was advised of the key areas of ongoing focus, including PTR compliance in divisions of medicine and surgery, antimicrobial stewardship, safeguarding capacity, statutory training compliance, timely isolation of infected patients, and improving the quality and consistency of data reporting through enhanced use of dashboards and statistical process control.

Helen Cunningham (HC) Independent Member, asked about funding for MARAC and JW explained that the safeguarding team were continuing to support the work which was so important.

Seema Srivastava (SS), Medical Director, responded to Helen Cunningham's question about the high antimicrobial prescribing rates in some General Practices. SS explained that there was an antimicrobial working group that was addressing this problem in areas of primary care and working with Neighbourhood Care Networks.

The Committee **NOTED** the report.

PQSOC 1702/07

Quality Management Group Reporting

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the Quality Management Group (QMG) Report. JW advised that the QMG continued to receive detailed assurance reports from divisions, alongside consideration of corporate quality and safety themes, and that these matters were reflected appropriately within the report.

Helen Sweetland (HS), Chair, advised the Committee that she had attended the most recent QMG meeting and confirmed that the report provided to the Committee represented a comprehensive and accurate record of the discussions held. HS highlighted that there had been strong engagement from divisions and that the QMG seems to function effectively as a key assurance forum within the Health Board's quality governance structure.

HS drew particular attention to the emerging issues relating to legal services and redress matters referenced within the QMG discussions. HS suggested that this area warranted further consideration by the Committee at a future meeting, given the potential implications for assurance and governance. JW agreed that a more detailed report on redress and the Legal and Financial Exposure Review (LFER) process could be brought back to the Committee for discussion. **Action: Director of Nursing**

The Committee **NOTED** the Quality Management Group Report.

PQSOC 1702/08

Maternity and Neonatal Report

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the annual Maternity and Neonatal Report that gave a forward-looking overview of quality, performance and improvement activity across both services.

The Committee was advised that the complexity of women presenting to maternity services had increased, with a consequential impact on neonatal care. The caesarean section rate had risen to just under 50%, which reflected both increased clinical complexity and a sustained increase in the number of women choosing to give birth at the Grange University Hospital following the closure of a midwifery-led unit after public consultation. The Committee noted that this change in case mix had influenced the proportion of unplanned and emergency caesarean sections.

In relation to workforce, JW advised the Committee that both maternity and neonatal services were in a strong position. Neonatal services were fully recruited, and maternity services were slightly over-recruited, representing a significant improvement from previous years when midwifery vacancies had been a concern. Both services were managing acuity within their existing workforce. JW highlighted the positive role of parent

engagement groups, including the Babby Group in maternity and Dinky Dragons in neonatal services.

The Committee was advised that sickness levels were higher within neonatal services and were subject to review by the Director of Workforce. Maternity sickness levels were reported to be around 6%, reflecting, in part, staff on maternity leave, with appropriate support in place for staff returning to work. JW outlined performance in relation to training and education. Maternity services continued to perform strongly against PROMPT (Practical Obstetric Multi-Professional Training) requirements. Neonatal services were slightly below the national guideline of 70% Qualified in Specialty (QIS) nurses, currently standing at 65%, and this in-house programme was under review.

JW advised the Committee of the ongoing work to improve culture and leadership, including civility training within maternity services, which had been extended to neonatal teams and was positively received. JW highlighted extensive work to improve access and equity, including targeted engagement with Bangladeshi women in Newport, Ukrainian and Hungarian fathers, and Roma communities. The maternity unit had achieved silver cultural competence accreditation, the first maternity service in Wales to do so.

Leadership visibility had been strengthened, particularly in theatres and labour wards, to support staff in high-pressure environments. Neonatal leadership arrangements had also been enhanced to ensure appropriate support for staff caring for critically unwell infants.

During discussion, the Committee queried the increase in unplanned caesarean sections and whether antenatal monitoring and early identification of risk could be strengthened. JW advised that this reflected national trends and increasing population complexity, including women with multiple long-term conditions and variable engagement with antenatal care. JW agreed to review the data further and provide additional information to the Committee. **Action: Director of Nursing**

The Committee also discussed the positive impact of increased visibility of Band 7 staff, improvements in breastfeeding rates, and the development of a tongue-tie pathway. JW confirmed that breastfeeding support remained a priority, with specialist midwives and health visitors providing support across maternity and community settings. The committee noted that medical staff were

infrequently mentioned in the report and hoped that this would be addressed in future reports as it is a multi-professional directorate.

JW reminded the Committee that Maternity and Neonatal teams have to regularly submit data to national audits MBRACE and the National Neonatal Audit Network. No major concerns have been highlighted through this benchmarking.

The Committee was advised that both maternity and neonatal services had established improvement plans, which had been regularly reported through governance structures, and that recent focused improvement work continued to be embedded. The Committee requested a further update on neonatal services at the next meeting, including progress on the 'listening exercise' and the lessons learned activity and the outcome of the recent national review. **Action: Director of Nursing**

The Committee **NOTED** the report.

PQSOC 1702/09

PALS Scheme and Organisational Change Programme Review Outcomes

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the outcomes for the two-year review of the Patient Advice and Liaison Service (PALS) Scheme and its alignment with the Organisational Change Programme.

The Committee was advised that the review had been undertaken to assess whether the original assumptions underpinning the establishment of the PALS service had been achieved. JW confirmed that the majority of objectives had been met and that the service had become a visible and valued point of contact for patients, families and carers. However, 1 key assumption had not been realised, the expectation that PALS would enable a reduction in the resource requirement for the Putting Things Right (PTR) team. While PALS had successfully resolved concerns early, it had largely engaged with a different cohort of individuals, many of whom would otherwise have raised concerns informally with clinical teams rather than entering the formal PTR process.

JW advised the Committee that very few PALS cases had escalated to formal PTR complaints, demonstrating the effectiveness of early resolution. However, due to existing complaint backlogs and the complexity of forthcoming

regulatory changes, it had not been possible to offset investment in PTR through the introduction of PALS.

JW highlighted 2 further areas where progress had been only partially achieved. Firstly, limitations within the Datix system meant that PALS early resolution activity could not be fully recorded within PTR data, reducing visibility of the service's preventative impact. Secondly, while significant work had been undertaken to improve equity of access, particularly for the deaf community, neurodiverse individuals and veterans. JW acknowledged that further improvement was required to fully meet equity objectives.

Despite these challenges, JW emphasised the positive impact and value of the PALS service. The team handled approximately 524 cases per month with 4.69 whole-time equivalent staff, and benchmarking against other Health Boards demonstrated strong value for money. All themes and feedback identified by PALS were shared with divisions to support learning and improvement, and the service fed directly into the Patient Experience and Learning Improvement Forum.

The Committee was advised that the PALS team operated across the Health Board, with a base at the Grange University Hospital, and worked closely with reception and telephony colleagues. The service provided a 24/7 contact line, with out-of-hours messages responded to the next working day. The team also supported digital patient stories and maintained a network of PALS champions. JW described the team as small but highly effective, supporting patients and families through both simple enquiries and complex concerns, and reducing pressure on frontline clinical staff.

JW advised the Committee that the forthcoming Listening to People regulations presented opportunities to further integrate PALS into early resolution pathways and make it clearer regarding their role in 'Listening to People. JW suggested that, once the new arrangements were embedded, there would be value in undertaking a further review to assess whether additional efficiencies and benefits could be realised.

During discussion, Helen Cunningham (HC), Independent Member, noted that the review demonstrated a high-performing service but expressed concern that the anticipated financial release had not been achieved. HC asked whether the new regulatory framework might enable greater efficiencies in future. JW advised that this would

need to be assessed once the new arrangements were operational, but that there was potential for PALS to play a central role in supporting early resolution.

The Committee recognised the strong qualitative benefits of the PALS service, particularly in improving the experience of patients and relatives and providing a consistent, compassionate point of contact for a wide range of queries and concerns, not necessarily related to the PTR process. The Committee acknowledged that it was difficult to quantify the benefits of the work of PALS.

The Committee **NOTED** the report.

PQSOC 1702/10

Healthcare Inspectorate Wales (HIW) Reports Update

Jennifer Winslade (JW), Director of Nursing, provided the Committee with an update on the Healthcare Inspectorate Wales (HIW) inspection activity and the Health Board's approach to monitoring and assuring progress against HIW recommendations.

The Committee was advised that HIW inspections generated formal recommendations which required timely and effective action. JW advised that Audit Wales had previously highlighted the need for strengthened assurance and governance arrangements to ensure that actions arising from inspections were consistently monitored, delivered and evidenced. The purpose of the update was therefore to provide assurance to the Committee regarding progress.

JW advised the Committee that following each HIW inspection, divisions were required to develop improvement plans detailing actions to address recommendations. Historically, reporting of progress had been fragmented, making it difficult to assess overall delivery and emerging risks. In response to Audit Wales recommendations, the Health Board had implemented a more robust and transparent approach to monitoring.

The Committee was advised that the Assurance Monitoring and Tracking (AMAT) system was now being used as the central platform for tracking all HIW-related actions. This enabled clearer visibility of progress, supported escalation where actions were overdue, and provided a consistent assurance framework for both divisional and corporate oversight.

JW advised the Committee that there had been good progress in addressing actions arising from recent HIW inspections and that work requested by Welsh Government was progressing as expected. JW confirmed that the majority of actions were either completed or on track, with outstanding actions subject to active monitoring through governance structures.

JW proposed that, to strengthen assurance, the Committee should receive regular scheduled updates, rather than ad hoc reporting. It was suggested that a formal update on HIW actions should be provided to the Committee twice yearly, enabling the Committee to maintain oversight of progress, themes and risks across inspection activity.

Action: Committee Secretariat

During discussion, the Committee welcomed the improved visibility provided by AMAT and supported the move towards more structured and routine reporting. The Committee noted the importance of ensuring that learning from HIW inspections was shared across services and embedded into quality improvement activity.

The Committee **NOTED** the HIW Reports Update.

PQSOC 1702/11

Putting Things Right Regulations Update

Rhiannon Price (RP), Senior Quality and Patient Safety Manager, presented an update on forthcoming changes to the Putting Things Right (PTR) regulations and the introduction of the Listening to People framework, which was scheduled to replace the current statutory PTR guidance from 1st April 2026.

The Committee was advised that the changes followed a Welsh Government review and public consultation undertaken in early 2024, which had identified several challenges within the existing PTR system. These included concerns regarding communication, compassion, timeliness, transparency, and an excessive focus on process rather than a person centred approach. The revised framework aimed to create a more open, responsive and learning focused system, placing patients and families at the centre of the concerns process.

RP outlined the key features of the new framework. These included a mandatory "listening conversation" for all concerns, to be undertaken at the outset via telephone, virtual or face-to-face discussion, led by the needs and preferences of the complainant. This was intended to

improve early understanding, identify advocacy or accessibility needs, and promote compassionate engagement from the beginning of the process.

The Committee was advised that there would be an increased emphasis on proportionality and early resolution, with a new target timeframe of 10 working days for resolving concerns at an early stage, where appropriate. RP advised that this represented an expansion of the current early resolution approach and was designed to prevent unnecessary escalation into formal investigation processes.

RP further advised that the financial threshold for redress would increase from £25,000 to £50,000, enabling a greater proportion of cases to be resolved in-house without recourse to protracted litigation. The overall timeframe for managing concerns, including redress, would reduce from 12 months to 120 days, subject to the complexity of the case and agreement with the complainant.

Additional changes highlighted included a stronger focus on supporting bereaved families, the introduction of a People's Experience Survey to capture feedback on how concerns were handled rather than solely on outcomes, and the establishment of a national ministerial target for at least 40% of concerns to be resolved through early resolution. RP confirmed that no further national performance targets had been set at this stage.

RP advised the Committee that the final statutory guidance and detailed operational documentation had not yet been issued by Welsh Government and were not expected until 1st April 2026, the date the framework was due to go live. This presented implementation challenges, particularly in relation to policy updates, training, and system configuration. Despite this, preparatory work was already underway both nationally and locally.

The Committee was advised that a National Operational Delivery Group had been established to oversee implementation across Wales. Locally, a Listening to People Readiness Group had been set up, with agreed terms of reference and an action plan aligned to national workstreams. These included education and training, communications and engagement, workforce, assurance and monitoring, learning, process development and

system functionality. Progress would be reported through the Quality Management Group.

RP highlighted several anticipated challenges, including capacity and resource pressures associated with mandatory listening conversations, coordination across multiple agencies, staff training requirements, managing expectations around redress, and limitations of existing digital systems including Datix pending final system enhancements. RP emphasised that Welsh Government had indicated organisations were not expected to have a fully mature system in place on day one, but rather to demonstrate readiness and ongoing improvement.

The Committee raised concerns regarding the absence of additional funding to support implementation, particularly given the increased workload associated with listening meetings, training, redress arrangements, interpretation and translation requirements, and parallel management of legacy PTR cases alongside new Listening to People cases after April 2026. It was confirmed by Jennifer Winslade (JW), Director of Nursing, that no additional Welsh Government funding had been allocated and that no national financial impact assessment had been shared to date.

The Committee discussed the financial and operational risks associated with implementing the new framework without additional resources and noted that difficult internal prioritisation decisions might be required. It was acknowledged that this was consistent with other recent legislative changes and that a risk-based approach to implementation would be necessary.

The Committee also discussed system readiness, including the likelihood that cases received before and after 1st April 2026 would need to be managed under 2 parallel frameworks for a period of time. RP confirmed this would be the case and acknowledged the associated complexity, but advised that elements of the new approach had already been embedded into current practice to support transition.

Helen Sweetland (HS), Chair, thanked RP for a comprehensive and clear update and acknowledged the scale of the change and the work already undertaken to prepare the organisation. The Committee recognised that the new framework represented a significant cultural and operational shift and that further learning would emerge following implementation. The Committee requested an

update on progress with these new regulations later in the year. **Action: Director of Nursing**

The Committee **NOTED** the report.

PQSOC 1702/12

Maindiff Court Mental Health Inspection report

Jennifer Winslade (JW), Director of Nursing, provided an overview of the report on recent Healthcare Inspectorate Wales (HIW) inspection of Maindiff Court, focusing on Ty Skirrid Ward, a 15-bed male mental health rehabilitation unit.

The Committee was advised that the inspection was an unannounced visit conducted from 6th to 8th October 2025, with the final report published on 15th January 2026. The inspection had considered patient experience, safe and effective care, and leadership and workforce arrangements.

JW summarised the positive findings from the inspection. HIW reported strong therapeutic relationships between staff and patients, with interactions described as respectful, calm and supportive. Relational security was highlighted as a particular strength, alongside effective multidisciplinary team (MDT) working. The ward benefitted from consistent occupational therapy and psychology input, and care and treatment plans were found to be appropriate and aligned with Mental Health Act requirements. Leadership and governance arrangements were described as effective, with a stable workforce and clear escalation routes within the division.

The Committee was advised of the areas for improvement identified by HIW. These included the need to strengthen documentation, particularly in relation to recording offers of advocacy and ensuring community care and treatment plans were uploaded promptly to the Welsh Clinical Information System. Inspectors also identified environmental limitations associated with the age of the building, including restricted space, the need for additional vision panels to support patient observation and sleep hygiene, and improvements to storage and laundry facilities. Estates related issues were therefore recognised as a constraint to further improvement.

JW advised the Committee that HIW had identified 23 actions across 13 improvement areas, of which 18 actions had already been completed, with the remaining actions in progress and subject to ongoing monitoring. 1 immediate safety issue relating to medication had been addressed at

the time of inspection, with the outdated medication removed promptly.

During discussion, Penny Jones (PJ), Vice Chair, welcomed the largely positive inspection findings and congratulated staff on their performance, particularly given the challenges posed by the ageing environment and the unannounced nature of the inspection. PJ noted that staff morale appeared positive and that patient experience had been described favourably. PJ raised a question regarding the inspection finding relating to night time staffing, where only one registered nurse was routinely on duty, and asked how this concern would be addressed.

JW advised the Committee that staffing models and night time skill mix were being considered as part of wider mental health service reviews and pathway redesign work, and that this issue would continue to be monitored through divisional governance structures.

The Committee **NOTED** the report.

PQSOC 1702/13

Report on recent Health Safety Executive (HSE) intervention at Hafen Deg Ward, including the actions taken and the closure of the investigation

Peter Carr (PC), Director of Allied Health Professions & Health Science, provided an overview of the Health and Safety Executive (HSE) intervention at Hafen Deg Ward, an older adult mental health inpatient ward at County Hospital, and the actions taken to address the findings.

The Committee was advised that the HSE had undertaken a routine inspection in June 2025, focusing on the management of risks associated with challenging behaviour. The inspection had identified material breaches of health and safety legislation, and a Notification of Contravention was issued to the Health Board in July 2025.

In response, the Health Board had developed a comprehensive improvement action plan, co-produced by the Corporate Health and Safety Team and the Mental Health and Learning Disability Division. PC emphasised that divisional ownership of the action plan had been central to ensuring effective implementation and that the learning from the inspection had been applied beyond Hafen Deg Ward to other older adult mental health units across the Health Board.

PC reported that the HSE had undertaken a follow-up visit in September 2025, during which further

recommendations had been made to strengthen the improvement plan. The key actions taken were summarised under the main themes identified during the inspection.

In relation to absconding risk and environmental security, security checklists had been strengthened to ensure fire escape doors and push bars were fully operational. A new gate and fencing had been installed to ensure that patients exiting via fire escapes remained within a secure external area. Additional environmental risk assessments had been embedded into routine ward safety checks, with particular attention given to climbing risks within the garden area.

Regarding violence and aggression management, the Committee was advised that the number of personal alarms available on the ward had been increased, and routine testing of alarms had been incorporated into the security nurse role to ensure reliability and availability at all times.

PC outlined improvements to observation practice and therapeutic engagement. The mental health observation policy had been revised and ratified in December 2025, with refresher training rolled out across the division. Documentation standards had been improved to ensure observations were recorded at the actual time undertaken, rather than rounded times. Work had also commenced to explore the use of electronic devices to support real time recording and reduce reliance on paper documentation.

In respect of clinical risk documentation, the use of the Wales Applied Risk and Research Network (WARN) risk assessment and associated care and treatment plans had been reviewed. The Audit Management and Tracking system had been used to assess the quality of care plans and environmental standards. As a result of this work, Hafren Deg Ward had achieved bronze accreditation in December 2025, reflecting measurable improvements in quality and safety.

PC advised the Committee on restrictive intervention training, confirming that the curriculum for positive management of violence and aggression had been reviewed to ensure it was appropriate for older adult patients, particularly in relation to frailty. Care plans had been updated accordingly, and training compliance was being monitored through divisional quality and patient safety governance arrangements.

The Committee was advised that, following completion of the improvement actions, the HSE formally wrote to the Health Board on 2nd December 2025, confirming that the identified material breaches had been fully complied with and that the investigation was closed.

During discussion, Penny Jones (PJ), Vice Chair, advised the Committee on the follow up visit undertaken in January 2026, noting that staff reported feeling safer and more supported as a result of the changes implemented. PJ highlighted that minor residual issues, including cleaning of staff facilities, had been identified and were being addressed. The Committee welcomed the positive staff feedback and the improved ward environment and acknowledged the significant work and progress made by the teams.

The Committee **NOTED** the report.

PQSOC 1702/14

Committee Risk Report

Rani Dash (RD), Director of Corporate Governance, provided the Committee an overview of the Committee Risk Report, which outlined the current strategic risks delegated to the Patient Quality, Safety and Outcomes Committee for oversight on behalf of the Board. The report confirmed that the risk environment had remained stable since the previous update, apart from a revised risk score for SR005 due to increase likelihood of problems with patient flow.

During discussion, Penny Jones (PJ), Vice Chair, raised a question in relation to the Health and Safety risk, noting that the risk remained rated as high. PJ queried whether the wording and framing of the risk continued to accurately reflect the current position and asked whether the narrative should be revisited in light of ongoing work and recent assurance activity.

RD advised the Committee that the Health and Safety risk had been subject to several discussions at Board level. RD confirmed that, while there had been areas of improvement and strengthened assurance, the Board had previously agreed that the risk should remain rated as high given its breadth, regulatory implications and potential impact. Peter Carr (PC), Director of Allied Health Professions & Health Science, confirmed that although there have been improvements, work was ongoing to improve the engagement of staff with health and safety issues.

	<p>RD clarified that the increased rating for SR 005 relates to an increase in the escalation level for Emergency and Urgent Care.</p> <p>The Chair confirmed that the Committee was assured that the risks delegated to it remained appropriately identified and monitored. It was agreed that, while no change to the risk scores was required at this stage, the wording of the Health and Safety risk should continue to be kept under review to ensure it accurately reflected the evolving assurance position and Board discussions.</p> <p>The Committee NOTED the Committee Risk report.</p>
<p>PQSOC 1702/15</p>	<p>Development of Committee Annual Programme of Business 2026/27</p> <p>Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the Committee Forward Work Plan. RD advised that the plan had been developed in line with good governance practice to ensure that the Committee’s statutory responsibilities and core areas of assurance were scheduled across the year. The Programme of Business was intended to support effective agenda planning, enable forward visibility of key items, and ensure alignment with the Committee’s terms of reference.</p> <p>The Committee noted that the Forward Work Plan covered routine assurance reports, thematic deep dives and annual reports required to provide assurance to the Board in respect of patient experience, quality and safety. The Committee discussed the importance of ensuring that the Programme of Business remained sufficiently flexible to accommodate emerging risks, regulatory requirements and matters escalated from other Committees or the Board.</p> <p>During discussion, it was noted that the Pharmacy and Medicines Annual Report should be included within the 2026/27 Forward Work Plan to ensure appropriate Committee oversight of medicines safety and related quality assurance. Action: Committee Secretariat</p> <p>The Committee APPROVED the Annual Programme of Business and Forward Work Plan for 2026/27.</p>
<p>PQSOC 1702/16</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 1702/17</p>	<p>NHS Wales Joint Commissioning Quality Committee Report</p> <p>NHS Wales Joint Commissioning Quality Committee Report was provided to the Committee for information.</p>
<p>PQSOC 1702/18</p>	<p>Pharmacy and Medicines Annual Report</p> <p>Pharmacy and Medicines Annual Report was provided to the Committee for information.</p>
<p>PQSOC 1702/19</p>	<p>To confirm any key risks and issues for reporting/escalation to Board and/or other Committees</p> <p>The Committee considered which matters from the meeting required escalation or formal notification to the Board and other relevant committees and agreed to escalate the following:</p> <ul style="list-style-type: none"> • The risks associated with the implementation of the Listening to People complaints framework, including the absence of additional funding, potential capacity constraints and the impact on compliance and delivery. • Ongoing Health and Safety risk considerations, to ensure continued Board-level oversight of regulatory and workforce safety issues.
<p>PQSOC 1702/20</p>	<p>Any Other Urgent Business</p> <p>There was no urgent business.</p>
<p>PQSOC 1702/21</p>	<p>Date of the Next Meeting:</p> <p>8th April 2026</p>