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

**MINUTES OF THE PATIENT QUALITY, SAFETY &
OUTCOMES COMMITTEE**

DATE OF MEETING	Tuesday 28 th July 2026, 09:30AM-12:30PM
VENUE	Microsoft Teams

PRESENT	Helen Sweetland, Chair
	Penny Jones, Vice Chair
	Paul Deneen, Independent Member
	Vivek Goel, Independent Member
IN ATTENDANCE	Jennifer Winslade, Director of Nursing
	Peter Carr, Director of Allied Health Professionals and Health Science
	Paul Mizen, Clinical Lead Service Transformation (Substituting for Medical Director)
	Rani Dash, Director of Corporate Governance
	Naomi Murtagh, Board Business Manager
	Megan Detheridge, Governance Support Officer
	Nicola Prygodzicz, Chief Executive
	Kye Smith, Head of Quality and Patient Safety (Item 3.1)
	Kelly Downes, Deputy Director of Nursing (Item 3.3)
	None
OBSERVER APOLOGIES	William Smart, ABUHB Vice Chair
	Seema Srivastava, Medical Director

PQSOC/0728/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
PQSOC/0728/02	Apologies for Absence The Chair noted the apologies for absence.
PQSOC/0728/03	Declarations of Interest



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	There were no declarations of interest raised relating to items on the agenda.
PQSOC/0728/04	Draft Minutes of the last Meeting held on 02nd June 2026 The minutes of the Patient Quality, Safety and Outcomes Committee held on 6th May 2026 were agreed as a true and accurate record of the meeting. The Committee APPROVED the draft minutes.
PQSOC/0728/05	Committee Action Log The Committee received the Action Log and reviewed progress against outstanding actions. The Chair highlighted the action relating to the Health and Safety report and sought assurance regarding the route through which the requested information would be reported. Peter Carr (PC), Director of Allied Health Professionals and Health Science, advised that the requested analysis relating to violence prevention and reduction would be considered initially through the Violence Prevention and Reduction Group, before progressing through the Health and Safety Committee and Quality Management Group in line with established governance arrangements. He confirmed that, given the Committee's interest in the matter, a specific report would also be brought to the Committee. PC further noted that health and safety remained a core component of the quality framework and would continue to be reflected within quality reporting where appropriate. Paul Deneen (PD), Independent Member, noted that the annual Health and Safety Report had been expected during the current cycle and sought clarification on its status. PC confirmed that the report had been completed but could not be accommodated within the July Board agenda. He explained that work had been undertaken to prepare



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the report earlier in the year following previous feedback that it had been presented too late in the annual cycle.

Rani Dash (RD), Director of Corporate Governance, confirmed that the report could not be accommodated on the July Board agenda due to competing priorities. RD proposed that the report be circulated to Committee members following Executive Committee consideration, allowing the opportunity to provide feedback before submission to Board in September.

The Chair noted the importance of allowing the Committee an opportunity to review and comment on the report prior to its formal submission to Board, particularly given the nature of the issues considered. PC confirmed that the report would be presented to Executive Committee the following week and subsequently circulated to Committee members for review. **ACTION: Director of Allied Health Professionals and Health Science**

The Committee **APPROVED** the action log.

PQSOC/0728/06

Quality Outcomes Reporting

Jennifer Winslade (JW), Director of Nursing, presented the Interim Quality Outcomes Report with the support of Kye Smith (KS), Head of Quality and Patient Safety. JW highlighted continued strong performance in patient experience reporting, ongoing improvements in complaints management, positive outcomes from Ombudsman reviews, improved timeliness in incident closure, and sustained performance across safeguarding and patient safety indicators. The Committee noted the progress made in reducing complaint backlogs and improving the quality of responses through strengthened accountability and revised processes.

Helen Sweetland (HS), Chair, welcomed the improvements reported, particularly in relation to complaints management, and sought further information regarding the work undertaken to improve the quality of complaint



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responses. JW advised that improvements had been driven through process redesign and greater clarity regarding accountability. KS added that the complaints process and training for Investigating Officers had been redesigned in April 2025. He explained that ongoing feedback and learning had gradually strengthened the quality of investigations and responses across the Health Board.

Paul Deneen (PD), Independent Member, commended the report and requested additional context regarding patient survey response rates. KS agreed to provide information on response uptake rates and noted that approximately 15% of Emergency Department patients responded to text-based surveys, with higher response rates in some specialist services. PD also highlighted patient waiting times as a recurring source of feedback and sought assurance regarding communications with patients whilst waiting. JW advised that communications were tailored to individual care settings and included programmes to support patients waiting for planned care as well as information and support provided within urgent and emergency care environments.

Timeline and Implementation Plan for the Qlik App

KS provided an update on the implementation of the Quality and Patient Safety Qlik application. He advised that the current phase of development involved validation of mortality, Duty of Candour and calculated quality metrics, which were expected to be available imminently. A subsequent phase would introduce patient experience survey data, audit information and Welsh Nursing Care Record information, with completion anticipated by October 2026. KS explained that the application would enable more meaningful analysis through measures such as incidents per occupied bed day and would support the triangulation of quality, audit, training and patient outcome data.



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PD sought assurance regarding the use of artificial intelligence within the system. KS explained that artificial intelligence functionality was being explored to support data analysis and identify themes across incidents and complaints; however, outputs required extensive validation before informing assurance reporting.

The Chair sought assurance that use of the system was being embedded across the organisation. KS advised that significant training had been delivered to divisional management teams, pharmacists, senior nurses and quality leads, with over 50 staff trained to date. He stated that the intention was for quality assurance to be increasingly driven through operational teams, with corporate teams providing scrutiny and challenge.

Deep Dive into Quarter 4 Never Events

KS presented an overview of the three Never Events reported during Quarter 4. KS advised that the principal themes identified across the incidents were documentation, compliance with safety checks and staff confidence in speaking up. Learning and improvement actions had been identified and would be applied more widely across relevant clinical areas.

Penny Jones (PJ), Vice Chair, expressed concern that Never Events were increasingly occurring outside traditional theatre settings and sought assurance regarding mitigating actions. KS advised that the issue had been discussed extensively at the Quality Management Group and that a review of local safety standards for invasive procedures would be undertaken. He acknowledged that significant attention had previously been directed towards theatre-based procedures and confirmed that greater focus would now be placed on procedures undertaken in non-theatre environments. He noted that the Health Board had historically performed well in relation to Never Events but agreed that the emerging trend required close monitoring.



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It was confirmed that additional audit and assurance arrangements were being developed to support this work.

It was noted that all three Never Events had been managed through the Duty of Candour process and that the incidents had resulted in either low or no harm.

Infection Prevention and Control

KS presented a deep dive on Infection Prevention and Control (IP&C), outlining the Health Board's governance arrangements and surveillance processes. He reported that healthcare-acquired infection rates had continued to improve over the last two years and highlighted the Health Board's strong performance in reducing onward transmission of winter respiratory viruses. KS explained that positive laboratory results were reviewed daily through established surveillance systems, allowing rapid identification of outbreaks, clusters and trends. Monthly ward-level reports were provided to divisions, including infection rates, cleanliness audits, hand hygiene performance and training compliance.

JW highlighted the strong governance arrangements supporting infection prevention and control, including oversight through national collaboratives, the Health Board's IP&C Group, Quality Management Group and Ward Accreditation Programme.

The Committee sought clarification regarding testing timescales and public engagement in infection prevention measures. It was highlighted that staff encouraged patients and visitors to follow infection prevention guidance, including hand hygiene and visiting restrictions when required. KS further advised that community infection prevention leads worked closely with care homes and community settings to support management of outbreaks and infection control measures.



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The Chair requested that the Infection Prevention and Control Annual Report be shared with Committee members to support future scrutiny. JW agreed to circulate the report. **ACTION: Director of Nursing.**

Feedback Relating to Patient Waiting Times and Pain Management

KS presented an analysis of patient feedback relating to waiting times and pain management. He advised that the majority of responses originated from urgent and emergency care settings, where patients were frequently awaiting diagnosis and treatment. Themes identified included delays in pain relief, perceived delays in clinical review, communication during waits and patients feeling they were discharged whilst still experiencing pain. KS acknowledged that many of the concerns reflected wider system pressures and waiting times within urgent care services. He noted, that the thematic analysis had been shared with staff in Urgent and Emergency Care and that feedback relating to pain management had reduced in subsequent months.

PJ expressed concern regarding the experience of patients attending Emergency Departments whilst in significant pain and questioned how such patients were supported during prolonged waits. JW advised that all patients were clinically triaged on arrival and provided with appropriate analgesia where required. She confirmed that patients were monitored whilst waiting and that additional support was provided through staff and volunteer services.

Nicola Prygodzicz (NP), Chief Executive Officer, acknowledged that maintaining regular contact and support for patients in waiting areas remained challenging, particularly during periods of high demand and overnight. NP advised that work continued to strengthen communication, comfort measures and pastoral support for patients awaiting treatment.



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	The Chair noted that anxiety, uncertainty and prolonged waiting could further influence patient perceptions of pain and their overall experience. Members welcomed the analysis and noted the opportunities identified to improve communication and support for patients whilst waiting. The Committee NOTED the report.
PQSOC/0728/07	Quality Management Group Reporting, including escalation through Quality Management System Jennifer Winslade (JW), Director of Nursing, presented the report and highlighted the key quality and safety matters that had been reviewed through the Quality Management Group (QMG). JW reported that QMG had reviewed the ongoing investigation into the Health Services Decontamination Unit (HSDU) and theatre instrument incident. Through the investigation process, gaps had been identified in the traceability of certain additional instrument sets. While traceability arrangements were in place for core sets, assurance had identified the need for a broader solution. A corporate risk assessment and SBAR had been developed and would be escalated to the Executive Committee to support consideration of the required improvements. JW noted that the issue represented a positive example of organisational learning arising from the investigation process. The Committee received an update on implementation of the Call for Concern process. JW explained that, whilst progress continued, digital limitations remained within the Care-flow system, specifically in relation to integrating patient wellness scores and associated escalation questions. These constraints had been escalated through governance processes and work continued to identify solutions. JW advised that implementation challenges were being experienced nationally and were not unique to the Health Board.



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JW reported that QMG had reviewed transfusion safety arrangements and had identified the need for stronger divisional oversight. Although assurance had been received regarding targeted education, competency assessments and existing system controls, the Group had noted wrong blood in tube incidents and transfusion sample rejection rates of approximately 8–10%. As a result, divisions had been asked to ensure improvement programmes were in place and that risks were reflected appropriately within divisional risk registers.

JW advised that QMG had also reviewed assurance relating to venous thromboembolism (VTE) prophylaxis. Although overall VTE rates remained low, audits had identified documentation gaps and incomplete risk assessments. Improvement actions focusing on prescribing practice, record keeping and the Electronic Prescribing and Medicines Administration (EPMA) programme were being taken forward to reduce variation and strengthen compliance.

The Committee noted the outlier position of two national clinical audits (National Joint Registry and National Respiratory Audit) and noted that an improvement programme is in place.

JW advised that QMG had considered the increase in Never Events occurring outside theatre environments and had agreed additional work to review Local Safety Standards for Invasive Procedures and compliance with National Safety Standards. This work would support greater assurance in non-theatre clinical settings and complement the actions discussed under the previous agenda item.

The Committee received an update regarding risks associated with violence, aggression and sexual safety. JW explained that several divisions had highlighted increasing concerns through divisional reporting, particularly within Surgery and Medicine. In response, QMG had noted the Violence Prevention and Reduction Strategic Plan and



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requested a further report particularly on sexual safety, to support monitoring of improvements and cross-divisional learning.

Peter Carr (PC), Director of Allied Health Professionals and Health Science, advised that concerns regarding violence and aggression had been consistently raised through divisional reports and mirrored trends identified within incident data. He explained that the newly established Violence Prevention and Reduction Group was engaging directly with divisions to develop locally informed action plans rather than imposing a centralised approach. PC reported that support arrangements were already in place to assist staff involved in incidents and that opportunities to pursue prosecutions were actively pursued where appropriate. He also outlined measures used to identify repeat offenders and manage future interactions with services where concerns regarding staff safety existed.

JW advised that work was underway to evaluate the current Quality Management System and prepare for the development of a revised quality strategy. She also informed the Committee that a programme of work focusing on Healthcare Inspectorate Wales (HIW) preparedness would be undertaken to ensure services were proactively assessing compliance and implementing improvements ahead of inspections rather than responding reactively.

ACTION: Update on the NJR audit – Medical Director

ACTION: Update on Call4Concern implementation – Medical Director

ACTION: Update on Transfusion Safety issues- Medical Director

The Committee:

- **NOTED** the report.



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	• ENDORSED escalations and areas requiring continued oversight • SUPPORTED proposed governance routes • RECOGNISED areas where assurance remains limited.
PQSOC/0728/08	Nurse Staffing Levels Wales Act Annual Assurance Report Jennifer Winslade (JW), Director of Nursing, presented the report with the assistance of Kelly Downes (KD), Assistant Director of Nursing. KD outlined the governance arrangements in place to support implementation, reporting and assurance, and highlighted progress made in maintaining safe nurse staffing levels within designated areas. The Committee were informed that nurse staffing calculations and reviews had been completed in line with legislative requirements and that ongoing monitoring arrangements remained in place to ensure establishments reflected patient need and service demand. Penny Jones (PJ), Independent Member, welcomed the report and sought further information regarding initiatives to support workforce development and retention, beyond the leadership programme referenced within the report. KD outlined the broader range of workforce initiatives being undertaken across nursing services to support recruitment, retention, professional development and succession planning, recognising the importance of maintaining a sustainable workforce to support safe staffing levels. Vivek Goel (VG), Independent Member, sought assurance regarding the impact of patient flow pressures and ward boarding arrangements on nurse staffing and patient care. KD explained that the Health Board continued to monitor staffing levels closely and considered operational pressures



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	through established escalation and workforce management processes. She advised that nurse staffing reviews took account of service demands, acuity of patients and emerging operational challenges to ensure risks were identified and managed appropriately. Patient Safety is the priority and the professional judgement of ward managers is very important. The Committee NOTED the report for assurance.
PQSOC/0728/09	Review of Committee Programme of Business 2026/27 The report was received for Information.
PQSOC/0728/10	Committee Risk Report The report was received for Information.
PQSOC/0728/11	NHS Wales Joint Commissioning Quality Committee Report The report was received for Information.
PQSOC/0728/12	Items to be Brought to the Attention of the Board and Other Committees Items highlighted to be brought to the attention of the Board were: key areas of escalation within QMG report. These include: Digital delivery constraints for C4Concern, weakness in end-to-end theatre instrument traceability. Violence and Aggression reporting will also be brought to the attention of the People and Culture Committee.
PQSOC/0728/13	Any Other Urgent Business There was no other urgent business.
PQSOC/0728/14	Date of the Next Meeting: Tuesday 6th October 2026



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