Health Board Key Issues Report				
Board Date		30/07/2026		
Date of Committee		02/07/2026	**Report of:**	Quality Safety and Experience Committee
Quoracy met:		Yes		
1	Agenda	The Quality, Safety and Experience (QSE) Committee continues to meet bi-monthly. The Committee considered an agenda which is attached: QSE Committee - BCUHB		
2a	Alert	The QSE Committee wish to Alert members of the Board that: 1. Regarding the new NHS Concerns, Complaints and Redress Arrangements. Listening to People has now been implemented, the Health Board worked closely with NHS P&I on the transition, some documents and training were delayed but the HB was prepared for the implementation and transition from putting things right . Llais noted that communication with their organisation was not as effective. Members of the Committee will visit the People's Enquiry and Resolution Service (PEARS) during the Autumn. 2. There is an understandable and significant pressure to improve ambulance handover delays to a level of zero 45 min breaches by the autumn. This will reduce community risk for patients awaiting an ambulance. This must however be balanced by ensuring that this doesn't result in increased risk in overcrowded departments. A local Quality Impact Assessment will be performed alongside continued work to reduce occupancy within the Emergency Departments. 3. The Committee noted the importance of ensuring appropriate implementation of the recent Supreme Court judgement on Deprivation of Liberty Safeguards (DoLS), including staff training, communication with patients and families, and ongoing monitoring of any implications for safeguarding arrangements. 4. HHIW has designated YGC ED as a Service Requiring Significant Improvement, with BCUHB required to act on several immediate actions. A plan is in place to deliver against these actions, with Health Board wide learning being developed. The full report is not due until late summer.		
2b	Assurance	The QSE Committee wish to Assure members of the Board that:		

		1. The Committee received assurance that patient experience feedback remains overwhelmingly positive once patients access services, demonstrating the continued commitment of staff to delivering compassionate, person-centred care, even during periods of significant operational pressure. This patient experience is lower in Emergency Departments than for other services but with the majority of patients describing their experience of care as positive. 2. The Committee noted positive examples of holistic care and support, including the contribution of chaplaincy services, Welsh language provision and personalised care approaches which can have a significant impact on patient and family experience. 3. The Committee received assurance that work is underway to simplify governance arrangements across the organisation, focusing on effective and streamlined assurance processes that support operational delivery. 4. Cancer treatment performance in national audits is strong, particularly in relation to outcomes survival and adherence to clinical guidance. Focussed improvements programmes to specific diagnostic and treatment pathways are noted. 5. There was good assurance from the Improving Quality, Outputs and Experience Maternity and Neonatal report, noting maternal and neonatal outcomes. This report will be reviewed in QSE every 4 months. Learning is being collated from Welsh and English reports, including English National Maternity and Neonatal Investigation and review and the Ockenden review in maternity services at Nottingham University Hospitals NHS Trust . 6. The Committee received the Mental Health and Learning Disabilities Advocacy Annual Report and was assured that advocacy services continue to support the rights, voice and involvement of service users in decisions relating to their care and treatment.
2c	Advise	The QSE Committee wish to Advise members of the Board that: 1. That future safety reporting should continue to provide appropriate context alongside incident and never event data, including evidence of learning, trends and improvement actions, whilst maintaining a balanced view that reflects strengths as well as areas requiring improvement. 2. Emphasised the importance of maintaining a positive safety culture that supports open reporting, learning and continuous improvement across services.

		3. The Urgent and Emergency Care Programme update was received, noting that for further iterations enhanced detail will be required for the Committee to be assured as the emerging picture evolves. 4. Received an update on Research, Development and Innovation, noting that there would be an external review relating to provision of national standards. This will include some aspects relating to the Centre for Mental Health and Society as raised by Internal Audit. 5. Received the Quality Governance Report from Audit Wales and agreed that an update will be received in six months' time.
2d	Review of Risks	The Committee reviewed the Risks within its remit and noted that deep dives were on-going to ensure that there is a clear understanding between Risks and Issues.
2e	Sharing of learning	Learning from the patient story highlighted the significant impact of compassionate, person-centred care, the value of Welsh language provision, and the contribution of Chaplaincy services in supporting patients and families during difficult circumstances.
3	Actions to be considered	Nothing to refer.