



Agenda Item

5.3.3

Quality, Safety & Experience Committee

Highlight Report from the Planned Care Quality, Safety, Risk & Experience (QSR&E) Committee meeting

Dyddiad y Cyfarfod / Date of Meeting	18/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Sharon O'Brien, Nurse Director, Planned Care
Cyflwynydd yr Adroddiad / Report Presenter	Sharon O'Brien, Nurse Director, Planned Care
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Richard Hughes, Executive Director of Nursing, Midwifery and Patient Care

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

POWH	Princess of Wales Hospital
DTPS	Diagnostics, Therapies, Pharmacy Services

1. Introduction

- 1.1 This report had been prepared to provide the Quality, Safety & Experience Committee with details of the key issues considered by the Planned Care Group, Quality, Safety, Risk & Experience meeting on 20th October 2025.
- 1.2 Key highlights from the meeting are reported in section 3.

2.1 Purpose of this Meeting

The purpose of the Planned Care/Surgery Quality, Safety, Risk & Experience Group (QSRE) is to provide assurance to the Care Group and the Health Board's Quality Safety & Experience (QSE) Committee on the provision of safe and high-quality patient care and experience to the population we serve.

2.2 The Planned Care/Surgery QSRE Group will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Provide evidence based and timely advice to the Planned Care Group, based on local need, to assist in discharging its functions and meeting its responsibilities.
- Provide assurance to the Planned Care Group in relation to the arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.
- Ensure that services are delivered in compliance with regulatory legislation and accreditation bodies.

3.0 Highlight Report

Alert / Escalate

Endoscopy Unit in POWH

- Infection, Prevention & Control (IP&C) concerns raised in September 2025 via the Endoscopy Verification Report. Recent audit demonstrates decontamination is not compliant with required standards, in relation to the ventilation systems. IP&C leads have confirmed that the risk was not low, but the risk of cancelling patients outweighs the risk associated with continuing to utilise the unit.
- Action plan being devised by Estates Department and Contractors being sourced to work alongside the Estates leads with weekly meetings scheduled.

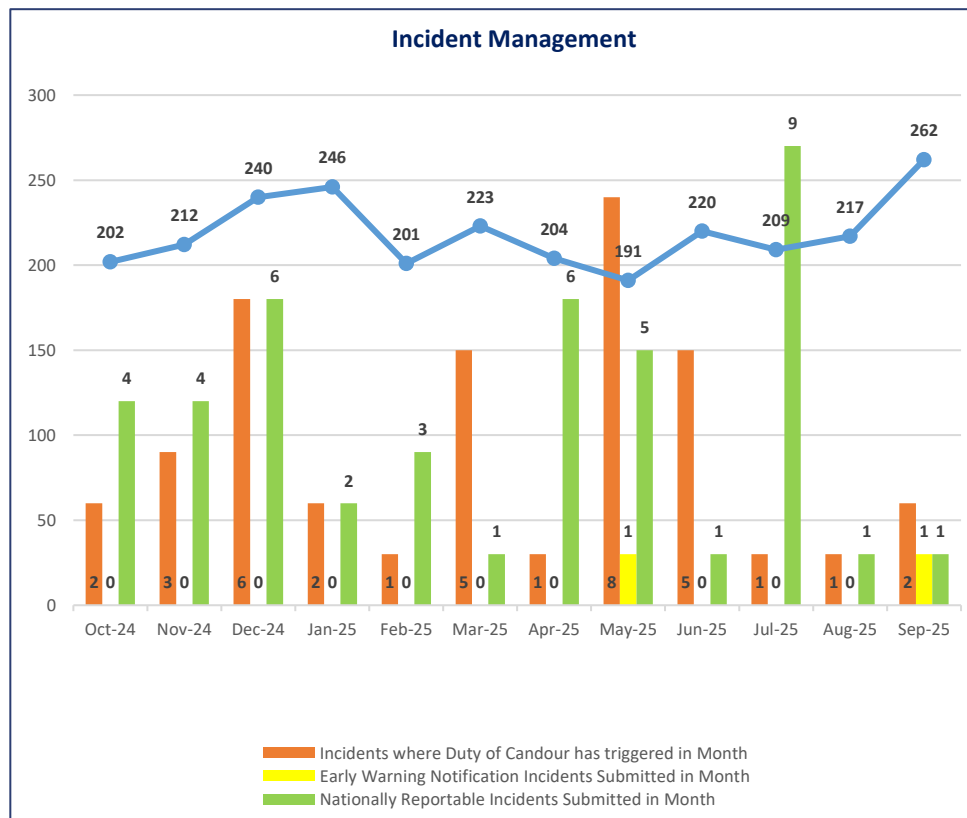
Laser Protection Officer (LPO) for POWH.

- Planned Care Group are working with DTSP Care Group to ensure allocated LPO cover at POWH.

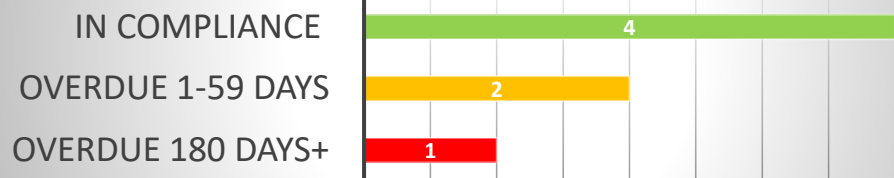


Advise

Incidents overview



Open NRI's



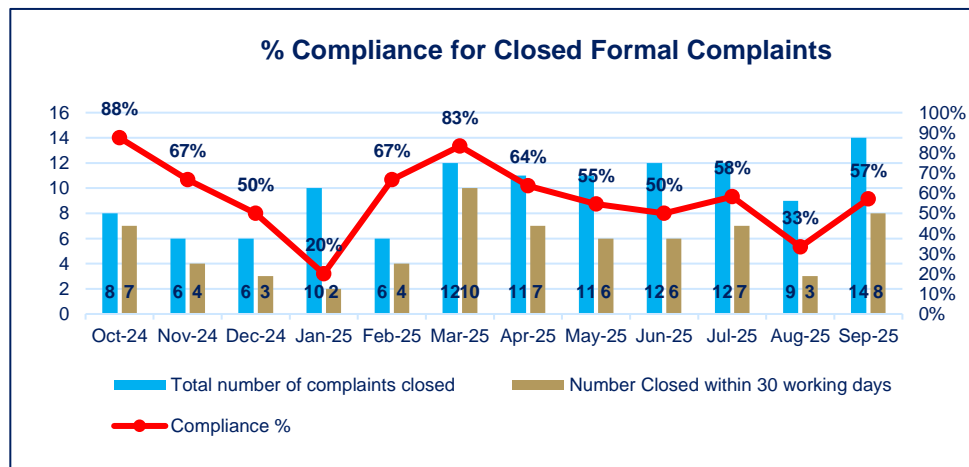
4 in compliance are historic ophthalmology and will be approved within timeframe



The 2 overdue are being finalised for Care Group Director approval

Longest overdue was due to complexities of standardisation of prescribing pre-operative anticoagulation but is now finalised and being prepared for approval.

Concerns overview



Large number of Early Resolution calls from patients relating to orthopaedics and waiting times.

Directorate have produced standardised response templates for Concerns and Patient Advice & Liaison Services (PALS) teams

Meeting in place with Lead for Concerns Team and Care Group Directors regarding how teams can support and improve response at time of the call to alleviate patient anxiety.

Call For Concern

Soft launch of the Call for Concern initiative was launched on 2nd October 2025 at POWH, specifically for critical care discharges only.

This is part of the National Programme of work and is Phase 1 – Design and Consultation (Sept 25-Feb 2026).

Theatre refurbishment in RGH

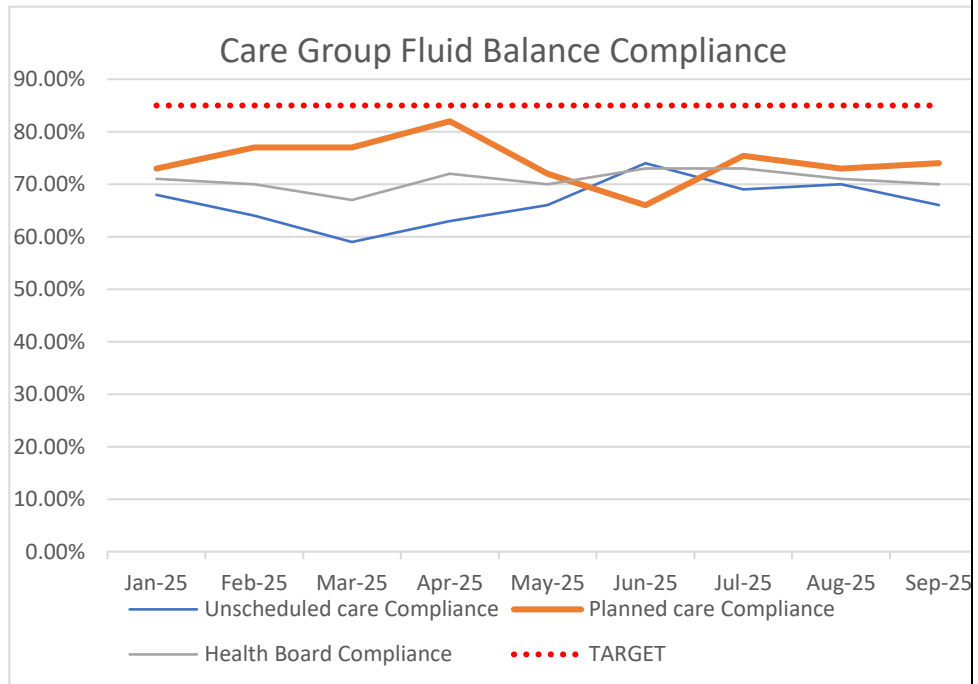
Work will commence in November 2025 on 4 theatres in RGH.



	<p>Relocation of theatre activity will be moved to the 4 theatres in the Vanguard Unit.</p> <p>Ward 11 in RGH will move to the Vanguard unit to support Day Surgical capacity from 10th November.</p> <p>Ward 18 in RGH will move into ward 11 over the weekend of 8th/9th November.</p> <p>Pressure ulcers</p> <p>A spike in avoidable pressure damage recorded on Ward 11 in POW in August/September led to a targeted piece of work being undertaken, including;</p> <ul style="list-style-type: none">• Introduction of the Pink Pressure Ulcer (PU) Proforma for medical device checklist.• Implementation of the Pressure Ulcer Check list that is already in use in RGH and PCH.• Bespoke teaching on grading pressure ulcers.• An easy access PU ward information resource folder has been created. <p>Following introduction of the above, there has been a significant reduction with only 1 PU in October, which at panel was deemed unavoidable.</p> <p>Significant improvement in Pressure Ulcer damage in Critical Care in RGH and POWH with no reportable PU damage in September onwards.</p>
Assure	<p>COVID national review panels</p> <p>Final COVID deaths panel completed – no harm identified for any patients who were being cared for within Planned Care.</p> <p>Audit & Assurance</p> <p>No outstanding AMAT actions across Planned Care.</p> <p>Ward 18 in RGH has achieved the Bronze award in the Ward Accreditation programme.</p> <p>Following ward audits, there has been a focus on accuracy of fluid balance recording which has seen an improvement in compliance. Education continues across Planned Care via Professional Nurse Focus Groups on the 3 acute sites and ward-based training.</p>



Ward 10 in RGH winners of September's fluid balance audit.



Centralisation of Cataract Services

Following centralisation of cataract service from RGH to POWH staff and patient feedback has been positive.

Elective Orthopaedic in POWH

- Dedicated Arthroplasty unit at the POW from 1st September 2025
- Three dedicated laminar flow theatres running concurrently
- Dedicated 28-bedded Orthopaedic ward.
- Therapies 7 days a week
- Pharmacy standardisation and dedicated support

Between the 1st Sept – 22nd October 239 elective arthroplasty cases have been performed in POWH.

Average LOS is 1.9 days compared to 5 days this time last year.



Inform	<p>Good News</p> <p>The Alcohol Care Team won the 'Management of Substance Dependency' category at the Welsh Healthcare Awards 2025.</p> <p>The team have also been shortlisted for the 'NHS Wales person centred award'.</p> <p>Nursing and Operational Teams in POWH were recognised at this year's CTM Seren Award for their commitment and dedication to patient safety and wellbeing during the Critical Incident.</p> <p>CTM Research & Development Conference</p> <p>3 posters from Critical Care have been accepted at the CTM R&D conference.</p> <p>"Intensively Caring for each other: A Service Evaluation of the ICU Coffee Morning Peer Support Groups</p> <p>"An exploration of critical care survivors' experience of self-compassion during recovery from critical illness, using Interpretative Phenomenological Analysis."</p> <p>"Virtual Reality to Improve Sleep in Healthcare Staff. A randomised controlled trial."</p>
Appendices	N/A

2. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd	Whole-systems Perspective



<i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Safe If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: Not applicable as CTM board papers are prepared in English
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	

3. Recommendation

3.1 The Committee is asked to **NOTE** the highlights outlined in section 3 of this report.