



**PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality Safety and Experience Committee (QSEC) Self-Assessment Report 2025/2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of the report is to present the outcome of the Quality and Safety Committee Self-Assessment 2025/2026 process to the Committee.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

In addition to the annual Committee self-assessment process, after each meeting Independent Member (IM) Reflective Sessions take place to gather feedback and insights from Members on the meeting, in terms of what has gone well, what could have gone better, how quality has informed discussions, and issues that need to be raised at the Committee Chair's meeting. This feedback helps with the evaluation process and continuous improvement.

During previous years, Committee self-assessments have been based on a comprehensive review of feedback provided by the Committee Membership from the completion of a long questionnaire assessment. While these approaches provided valuable insights, they also led to survey fatigue and limited engagement. Feedback from a recent Corporate Governance Conference has highlighted the need for a proportionate process for assessment that avoids unnecessary complexity. This year's approach will streamline the assessment, focusing on critical governance behaviours and outcomes rather than exhaustive questionnaires.

This year's Committee self-assessment form focuses on five core areas of governance and assurance:

Oversight and Impact on Quality & Safety

The Committee effectively oversees and influences improvements in the organisation's quality and safety outcomes.

Data, Indicators, and Assurance

The Committee receives good quality papers and uses accurate, timely, and relevant data to provide assurance on quality and safety experience, impact and outcomes for patients.

Culture and Accountability

The Committee promotes a culture of safety, transparency, and learning across the organisation.

Risk Recognition and Response

The Committee effectively identifies and responds to emerging quality and safety risks.

Continuous Improvement and Committee Effectiveness

The Committee regularly evaluates its own performance and takes steps to improve its effectiveness and strategic influence.

Asesiad / Assessment

To improve response rates, taking into account that there is a process of continuous improvement through the IM Post Committee Reflective Sessions, a short questionnaire was circulated to members to gather feedback on 5 key areas for the Committee.

Respondents were asked to rate their level of agreement to 5 statements relating to key areas of focus for the Committee on a scale of 1–5. (1 - strongly disagree up to 5 – strongly agree) and to provide more information to support their rating.

Below are the statements relating to 5 key areas of focus for the Committee and the average ratings based on the responses received 5 (out of 9) responses were received (56% response rate).

Area and Statement	Average Rating
<i>Oversight of quality & safety outcomes</i> <i>The Committee effectively oversees and influences improvements in the organisation's quality and safety outcomes.</i>	4.4
<i>Data, Indicators, and Assurance</i> <i>The Committee receives good quality papers and uses accurate, timely, and relevant data to provide assurance on quality and safety experience, impact and outcomes for patients.</i>	3.4
<i>Culture and Accountability</i> <i>The Committee promotes a culture of safety, transparency, and learning across the organisation.</i>	4.4
<i>Risk Recognition and Response</i> <i>The Committee effectively identifies and responds to emerging quality and safety risks.</i>	4.2
<i>Continuous Improvement and Committee Effectiveness</i> <i>The Committee regularly evaluates its own performance and takes steps to improve its effectiveness and strategic influence.</i>	4.2

The following themes were provided:

What has gone well:

- Effective chairing and strong Independent Member engagement.
- Effective scrutiny through high support and high challenge to those delivering the services.
- A positive culture of professionalism, openness and transparency.
- Continued oversight of areas requiring improvement.
- The revised approach to writing papers using the Domains of Quality (STEEEP) and enablers as outlined in the Duty of Quality support continuous quality improvement.

What we want to strengthen going forward:

- Strengthen operational reporting by focussing on outcomes and impacts to quality, supported by data, with less focus on performance, to avoid risks being reported after they have materialised.
- Strengthen operational governance to minimise ‘surprises’ and being proactive in considering urgent service issues/changes.
- Continue to improve quality of data reported to Committee

Suggestions from Respondents

- Consider Cross-Committee triangulation
- A more proactive approach in terms of risk management and control.

Overall Conclusion

The Committee is performing strongly, with high ratings across all domains. It demonstrates maturity and continuous improvement, supported by effective leadership and robust processes.

Area for improvement	By Whom	By When
Ensure report authors receive feedback on the quality of their papers being brought to Committee in order to improve and develop. More focus on the key themes such as risk, outcomes, impacts relating to patients etc.	Executive Leads	March 2026
To strengthen operational governance arrangements to reduce reporting of urgent service issues/changes and facilitate more proactive reporting of risks before they materialise	Chief Operating Officer	July 2026

Argymhelliad / Recommendation

The Committee is asked to **CONSIDER** the outputs from the Committee Self-Assessment process and **AGREE** to the actions to be taken to improve its effectiveness.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committees performance and operation, including that of any sub-committees established. In doing so, account will be

	taken of the requirements set out in the NHS Wales Audit Committee Handbook.1
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	QSEC Terms of Reference QSEC Self-Assessment digital form results
Rhestr Termiau: Glossary of Terms:	Included within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Director of Corporate Governance

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts
Gweithlu: Workforce:	No direct impacts
Risg: Risk:	No direct impacts

Cyfreithiol: Legal:	No direct impacts
Enw Da: Reputational:	No direct impacts
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	No direct impacts