



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality, Safety and Experience Committee (QSEC) Self-Assessment Outcome Report 2024/25 – Progress Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Anna Lewis, QSEC Chair Sharon Daniel, Executive Director of Nursing, Quality, and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary 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 this report is to provide an update to the actions agreed by the Quality, Safety and Experience Committee (QSEC) in response to the outcomes from the QSEC Self-Assessment 2024/25 process.

Cefndir / Background

In February 2025 QSEC received a [report](#) which presented the outcomes of the QSEC Self-Assessment 2024/25 process. For QSEC, this involved:

- Short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee’s inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee’s impact
 - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters alerted to the Board
- IM Reflective sessions
- Auditor/Regulator feedback

Asesiad / Assessment

The following actions were agreed in response to the outcomes of the QSEC Self-Assessment 2024/25:

Action	By whom	By when	Progress
<p>To ensure there is better alignment on QSEC agendas to the strategic objectives of the Health Board in terms of improving quality and long term impacts for the population (<i>Priority 7</i>)</p>	<p>Director of Nursing, Quality, and Patient Experience</p>	<p>Apr-25 Complete</p>	<p>Within the assessment part of the committee template the author of the paper is required to consider the alignment to the strategic objectives.</p> <p>The strategic objectives will be available for consideration at each agenda planning meeting. Particular focus will be on priority 7 as recommended.</p>
<p>To review the QSEC sub-committee structure following the review of operational governance arrangements to ensure there is full sightedness on all QSE matters ('no surprises') (<i>Priority 2 & 3</i>)</p>	<p>Director of Quality, Safety and Patient Experience</p>	<p>Complete</p>	<p>A proposal to de-establish the Quality, Safety and Experience Sub-Committee is being presented to QSEC on 14.08.25.</p>
<p>To strengthen both the mindset for good governance and the technical skills of operational leaders as part of the implementation of the Operational Governance Structure and new training programme for new managers in the Health Board, to ensure that the patient voice/STEEEP is reflected in all dialogue (incl. reports) at QSEC. A series of masterclass workshops on a variety of topics will be put in place to support leaders to operate in accordance with the requirement of the Committee (<i>Priority 1, 2, 3 & 6</i>)</p>	<p>Chief Operating Officer/Director of Quality, Safety and Patient Experience/ Director of Corporate Governance</p>	<p>Apr 25 Partially complete</p>	<p>Following the organisational change and introduction of Clinical Care Groups, a workshop with the CCG Service Directors, Assistant Directors of Nursing, Quality and Patient Safety and other representatives was held on 9th April and repeated on 10th April 2025. The workshop led by the Executive Director of Nursing and interim Assistant Director of Nursing Assurance and Safeguarding focused on the duty of quality, quality governance arrangements within the CCG, reporting requirements to the Quality, Safety and Experience Sub-Committee and the templates developed to support use of STEEEP</p>

			<p>in report writing. The workshop also considered how the organisational Quality Management System can be used to support discussions and papers.</p> <p>In addition to this quality focused workshop, Corporate Governance training, which includes report writing, with Clinical Care Groups (CCG's) is currently underway. Three out of the five CCGs (Mental Health and Learning Disabilities, Estates and Facilities, Community and Integrated Medicine) have already received training.</p>
To identify, through all of the UHB's QSE intelligence infrastructure, TI areas that have deteriorated for deep dive reports to provide assurance that root causes or systemic challenges of issues are being addressed (<i>Priority 1</i>)	Director of Nursing, Quality, and Patient Experience	Ongoing	
To embed the new learning framework to contribute to an intelligence-led approach to committee business (<i>Priority 3</i>)	Director of Nursing, Quality, and Patient Experience	Mar 26	
To ensure, through the use of metrics, oversight of all Board-approved service developments from a quality, safety and experience perspective through (<i>Priority 4 & 6</i>)	Chief Operating Officer	Throughout 2025/26	
To receive regular reports on the implementation of the Improvement Strategic Framework (2023-26) (<i>Priority 5</i>)	Director of Nursing, Quality, and Patient Experience	Complete	Regular updates forward planned on QSEC work plan
Further focus through Board Development for the below areas: -Independent Members effectively managing the boundary between scrutiny and operational	Director of Corporate Governance /Director of Workforce & OD	Complete	Being taken forward by the Board Development Sessions.

involvement/detail effectively during Committee discussions. -the Board providing sufficient scrutiny and challenge to the Committee and provide feedback where appropriate on areas that raised to its attention -Increasing challenge from Executive Directors at Committees (Priority 1, 2 & 3)			
To ensure the priorities for 2025/26 are considered when setting agenda and requesting papers	Director of Nursing, Quality, and Patient Experience	Complete	Discussed at agenda setting meetings
Pilot the use of a short end-of-meeting Menti to gather real time feedback for immediate and ongoing improvement in committee effectiveness.	Director of Corporate Governance	Complete	Piloted at April 2025 QSEC meeting using MS Forms. One response received. Agreed not to take forward.

Argymhelliad / Recommendation

The Committee is asked to take an assurance from the progress made against the actions being undertaken to improve its effectiveness.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's 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 Quality & Safety Committee Handbook.
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 Auditor and Regulator feedback through Structured Assessment and Internal Audit reports
Rhestr Termau: Glossary of Terms:	Included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	QSEC Chair Director of Corporate Governance/Board Secretary

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