



Pwyllgor Ansawdd, Diogelwch a Phrofiad/ Quality, Safety and Experience Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 OCTOBER 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planned Care and Specialist Services Quality Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Paula Goode, Director Planned Care & Specialist Services Tamara Bromley, Assistant Director of Nursing, Planned Care & Specialist Services

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/ For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report details the quality governance arrangements within the Planned Care and Specialist Services Clinical Care Group in relation to quality, safety and patient experience. It sets out achievements, progress and planned actions to meet our Duty of Quality, and is presented to the Quality, Safety and Experience Committee (QSEC) to provide assurance on the arrangements in place.

Cefndir / Background

The Planned Care & Specialist Services Care Group – consists of Children, Women & Family Services, Maternity Services, Specialist Services, Cancer & Outpatient Services.

The aim of the Planned Care & Specialist Services Care Group in summary is to:

- Ensure there is a process in place to continually monitor and review its risk register, acting to mitigate quality and safety risks on an ongoing basis;
- Maintain an open culture of improving quality, safety and patient experience across all teams and all staff;
- Promote a positive culture of staff engagement, development and understanding of everyone's responsibility for safe, quality care and
- Foster a culture of psychological safety within Planned and Specialist Services Clinical Care Group to promote collaboration, trust, innovation and personal growth.

Meeting the Duty of Quality is the highest priority for the Clinical Care Group and its governance structures and oversight has developed significantly. The Service Director, Associate Medical Director and Assistant Director of Nursing lead the agenda which is aligned

to the six domains of quality as defined by the Duty of Quality Statutory Guidance 2023. This report is set out under each of these domains.



Quality Assurance

The Clinical Care Group (CCG) Quality Governance Meeting is held monthly and serves as the primary forum for oversight of quality, safety and patient experience across the Care Group. Attendance and engagement from nursing leadership, operational managers and Service Group representatives is consistently strong, with valuable contributions from a range of multidisciplinary colleagues from across the Health Board. These members actively participate in discussions, contribute to agenda development and support decision-making, ensuring that quality governance remains a shared responsibility across services. Consistent medical engagement remains an area for improvement and is recognised as a priority to strengthen multidisciplinary clinical leadership and assurance.

Each Service Group holds a monthly Quality and Safety Meeting, providing local oversight of risks, incidents, complaints, audits, patient experience and improvement activity. These meetings report directly into the CCG Quality Governance structure, supporting a clear escalation and assurance process from frontline services to Care Group level.

Following the recent appointment of the Assistant Director of Nursing, a review of the Care Group's governance arrangements is underway. This review aims to ensure governance processes remain robust, effective and aligned to Quality Management System principles. Key areas of focus include strengthening attendance and engagement across all professional groups, improving clarity of governance responsibilities, streamlining reporting arrangements, and enhancing communication of quality and safety information to all levels of the organisation. This work is intended to further strengthen oversight, improve organisational learning and provide greater assurance that quality improvement activity results in measurable and sustainable improvements for patients and staff.

Safe Care

Current Internal escalation status for Governance Level 2	
Areas for Focus	
Risks and Risk Actions	
15% (91 out of 127) risks were overdue for review. 10% (19 out of 194) risk actions are overdue for review	
Audit and Inspections Reports 14%	
14% (27 out of 192) recommendations are overdue for review	

Welsh Health Circulars

9 WHCs assigned to Planned and Specialist Care

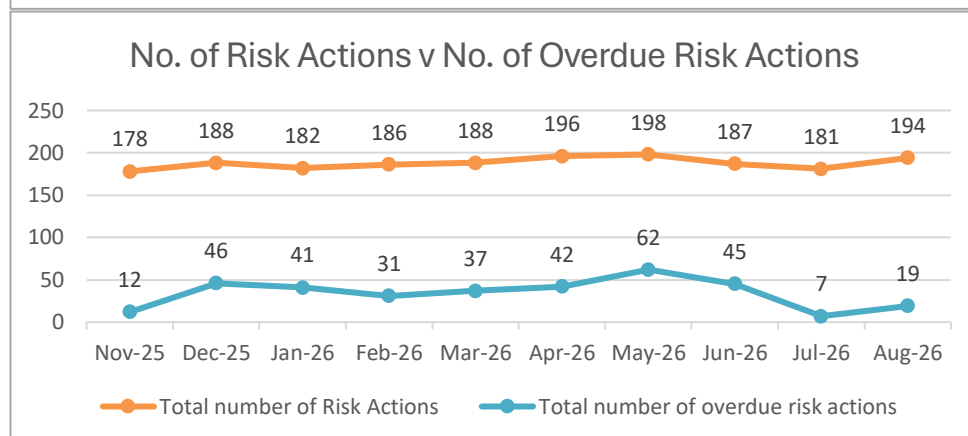
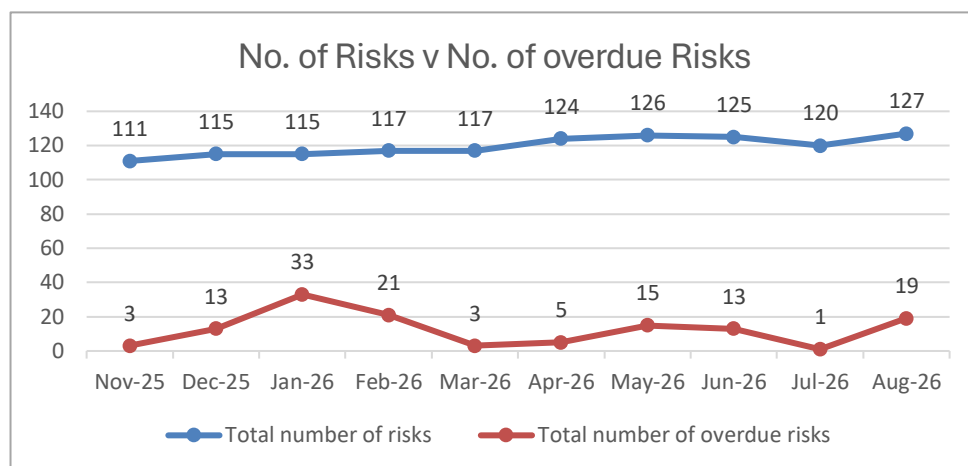
11% (1 out of 9) are overdue

33% (3 out of 9) are Unable to Complete

33% (3 out of 9) is In Progress

22% (2 out of 9) is Reliant on External Factors

Risks management overview



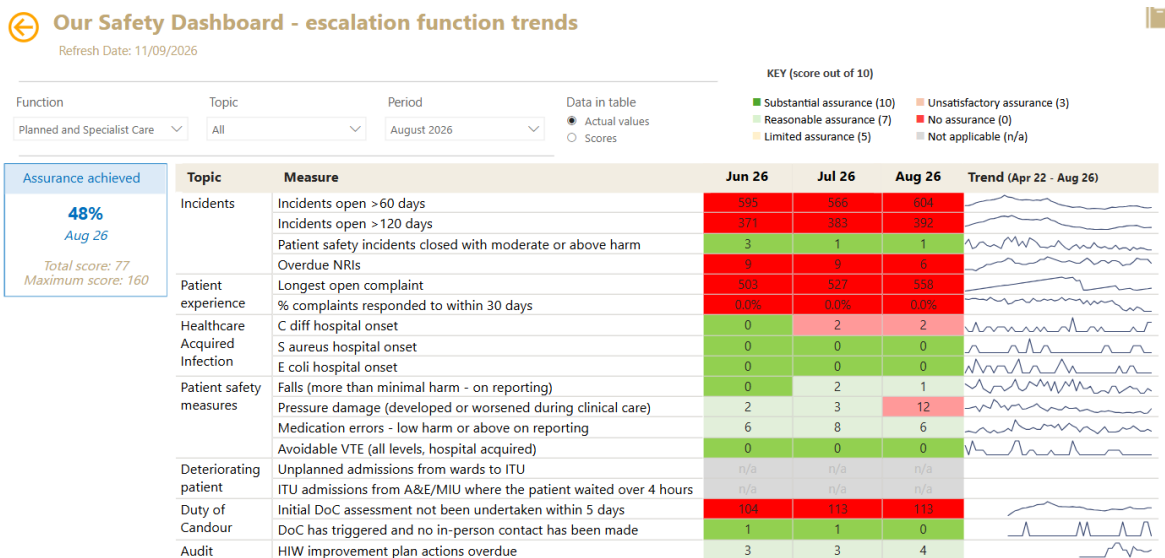
In August 2026, the CCG had a total of 127 risks with 19 overdue (15%)

The CCG continues to monitor all risks through the established governance framework, with particular focus on overdue risk reviews within the CCG. A review of the current position has identified a number of risks that have exceeded their scheduled review date. To address this, a targeted risk review programme has been implemented, led initially by the Assistant Director of Nursing and supported through the CCG Quality Governance arrangements.

All overdue risks have been allocated to a named risk owner and are being systematically reviewed to ensure risk descriptions, controls, assurances, action plans, and risk scores remain current and reflective of the present operational position. Progress is being monitored monthly through Quality Governance meetings, with escalation of any risks that remain overdue or where additional executive support is required.

As part of the current governance reset and "back to basics" approach, the aim is to eliminate the backlog of overdue risk reviews over the next three months, with all high and extreme risks prioritised for immediate review within the next four weeks. A monthly trajectory is being monitored by the Assistant Director of Nursing and senior leadership team to provide assurance that the backlog is reducing and that risks are being actively managed, reviewed, and escalated appropriately.

Updates on progress, including the number of outstanding overdue risks, risks escalated, and those reviewed and closed, will be reported through the Quality Governance structure to provide ongoing assurance to QSEC regarding improvement and compliance with risk management requirements.



Nationally Reportable Incidents (NRI)

	0-30days	31-60days	61-90days	91-120days	121-180days	>180days	Total
Planned & Specialist Care	2	4	1	0		0	7

Open Incidents/Closure

The CCG have a total of 249 overdue incidents that are currently being reviewed. Support has been secured from the Quality Assurance Support Team (QAST) to expedite progress and strengthen oversight.

A structured recovery plan is in place:

- 36 incidents are awaiting final closure and are being reviewed with the aim of completion imminently.

- 135 no/low harm incidents are being reviewed through a thematic approach, enabling timely closure while ensuring key learning is captured.
- 21 catastrophic/death incidents are undergoing detailed review to determine their current status and identify any outstanding actions required to progress them, including specialist clinical review where necessary.

Robust oversight arrangements have been established to identify any incidents that have stagnated or require escalation. Any incidents identified as requiring additional support or intervention will be escalated through the appropriate governance routes and highlighted to senior nursing leadership to ensure timely progression.

This work forms part of the wider quality governance reset, aimed at reducing the backlog of overdue incidents, strengthening accountability, and ensuring all incidents are reviewed, investigated, and closed in a timely manner, with learning captured and shared across services.

Patient Safety Serious Incidents, Never Events and Learning

As part of the CCG's governance reset, particular focus is being placed on strengthening oversight, accountability and assurance relating to Patient Safety Alerts (PSAs), patient safety incidents and Never Events. The Care Group recognises that the QSEC will require assurance not only that incidents are investigated appropriately, but also that identified improvements are implemented, monitored and embedded into practice.

For any PSA, Never Event or significant patient safety incident occurring within the Clinical Care Group, a designated executive, professional or operational lead will be identified at the outset to provide clear leadership and accountability for the investigation, development of action plans, and delivery of improvements. This ensures ownership remains visible throughout the process and that actions are progressed within agreed timescales. To provide assurance, all investigations and associated action plans will be monitored through Service Group Quality and Safety Meetings and escalated to the Clinical Care Group Quality Governance Meeting. Where actions remain outstanding or risks persist, these will be subject to enhanced scrutiny and incorporated into the Care Group's three-month recovery trajectories.

The Care Group is also strengthening its approach to organisational learning. Learning identified from PSAs, Never Events, serious incidents, complaints, inquests, safeguarding reviews, audits and patient feedback will be systematically reviewed to identify recurring themes, contributory factors and opportunities for improvement. This learning will be disseminated through a range of mechanisms including:

- Clinical Care Group Quality Governance Meetings.
- Service Group Quality and Safety Meetings.
- Safety briefings and team meetings.
- Health Board-wide governance and patient safety forums.
- Targeted education and training sessions.

To ensure learning is embedded rather than simply shared, the Care Group will seek evidence of implementation and impact through audit, monitoring of quality metrics, re-measurement of performance indicators and review of incident trends. This will provide

assurance that lessons identified have resulted in meaningful changes to practice and reduced the likelihood of recurrence.

As part of the current reset phase, the Care Group's priority is to ensure that all outstanding investigations, actions and lessons learned are reviewed, tracked and completed, providing a robust baseline from which a more proactive and mature Quality Management System can be developed. This approach will provide QSEC with assurance that patient safety concerns are subject to clear leadership, effective investigation, timely implementation of actions, and the consistent sharing and embedding of learning across both the CCG and the wider Health Board.

Patient Experience

Speciality/Service	% Good	% Poor	Total Responses	Very good	Good	Not good/not poor	Poor	Very poor	Don't know
Total	100.0%	0.0%	26	21	5	0	0	0	0
Breast	100.0%	0.0%	2	2	0	0	0	0	0
Cardiology	100.0%	0.0%	2	2	0	0	0	0	0
Chemical Pathology	100.0%	0.0%	2	2	0	0	0	0	0
Dermatology	100.0%	0.0%	8	7	1	0	0	0	0
Diabetic Medicine	100.0%	0.0%	1	1	0	0	0	0	0
Ear Nose and Throat	100.0%	0.0%	1	1	0	0	0	0	0
Gastroenterology	100.0%	0.0%	1	0	1	0	0	0	0
Geriatric Medicine	100.0%	0.0%	1	0	1	0	0	0	0
Ophthalmology	100.0%	0.0%	2	1	1	0	0	0	0
Respiratory Medicine	100.0%	0.0%	3	3	0	0	0	0	0
Trauma and Orthopaedics	100.0%	0.0%	1	1	0	0	0	0	0
Urology	100.0%	0.0%	1	0	1	0	0	0	0
Vascular	100.0%	0.0%	1	1	0	0	0	0	0

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'Too often the exceptional work carried out by NHS staff goes unrecognised, so I felt it was important to write and acknowledge the outstanding service we experienced. The commitment, teamwork and compassion displayed by the whole team reflected the very best of our healthcare services. ' (Outpatients, Prince Philip Hospital (PPH)

This feedback provides valuable recognition of the high standards of care, compassion and teamwork demonstrated by staff within Outpatients at PPH and has been shared with the team to acknowledge their contribution. However, it is recognised that there is more work to do to ensure patient feedback, both positive and negative, is consistently captured, shared and used to drive improvement across the CCG.

As part of the Quality Governance reset, a renewed focus is being placed on listening to patient feedback, improving how learning is identified and communicated, and establishing more robust mechanisms for sharing good practice across services. This will help ensure that examples of excellence are celebrated and replicated, whilst also strengthening the use of patient experience information to inform service improvement, quality assurance and organisational learning.

Psychological Safety and Freedom to Speak Up

Recognising that high-quality care is dependent upon a culture where staff feel safe, valued and empowered to raise concerns, the Clinical Care Group is committed to strengthening both psychological safety and the Freedom to Speak Up agenda across all services.

As part of this commitment, the Assistant Director of Nursing is working in partnership with the Freedom to Speak Up Team to develop and pilot a bespoke programme of work within the Clinical Care Group. The aim is to promote a culture of openness, transparency and learning, where staff at all levels feel confident to speak up about concerns, ideas for improvement, patient safety issues, workplace culture and staff wellbeing without fear of reprisal.

The programme will support greater ownership of the Speak Up agenda within the Care Group and will include the development of a network of Speak Up Champions across services. These champions will act as visible and accessible points of contact for colleagues, helping to raise awareness, encourage constructive challenge and support staff in escalating concerns through appropriate channels.

Clear governance arrangements will be established to oversee this work, ensuring that concerns raised are appropriately managed, themes and trends are identified, and learning is shared across the Clinical Care Group and wider Health Board where appropriate. Regular reporting through the Quality Governance structure will provide assurance that staff voices are being heard, concerns are acted upon, and opportunities for improvement are translated into meaningful change.

Through this approach, the Clinical Care Group aims to foster a culture of trust, inclusion and continuous improvement, recognising that creating a psychologically safe environment is fundamental to delivering safe, effective and compassionate care for patients and supporting the wellbeing of staff.

Quality Assurance, Governance Reset and Recovery Planning

The Clinical Care Group recognises that, in order to strengthen quality governance and provide robust assurance, a period of reset is required. As part of this reset, the Care Group is adopting a "back to basics" approach, focusing on addressing existing backlogs, improving oversight, strengthening accountability, and ensuring fundamental governance processes are operating effectively and consistently across all services.

This approach acknowledges that a number of quality indicators, risks, complaints, and outstanding actions require focused attention before the CCG can move forward with a more mature Quality Management System approach. The immediate priority is therefore to establish a clear understanding of the current position, reduce outstanding backlogs, and ensure that all areas of concern have effective recovery plans in place.

To support this, all quality metrics that fall below agreed thresholds, including overdue risks, complaints, incidents, mandatory training compliance, audit actions and other governance indicators, will be subject to a formal three-month recovery trajectory. These plans will provide assurance that underperformance is being actively managed and that there is a structured pathway towards improvement.

Each recovery trajectory will identify:

- The current position and extent of the backlog or performance gap.
- Outstanding actions, risks or quality concerns.
- Monthly improvement milestones over a three-month period.
- Specific actions required to achieve recovery.

- The accountable lead responsible for delivery.
- Any barriers to delivery and associated mitigating actions.

Progress will be monitored through Service Group Quality and Safety Meetings and reviewed at the monthly CCG Quality Governance Meeting. This will provide increased scrutiny, challenge and support, ensuring that improvement actions are delivered at pace and that risks are appropriately managed.

Through this reset phase, the CCG aims to re-establish strong governance foundations, improve visibility of quality performance, clear historic backlogs, and strengthen assurance processes. This will place the organisation in a stronger position to move beyond retrospective management towards a proactive, data-driven approach that demonstrates measurable improvements in quality, safety and patient experience.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked to take an assurance on the quality governance arrangements in place within the Planned Services and Specialist Care CCG in relation to quality, safety and patient experience.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1 Provide the Board with assurance that care across the Health Board is safe, timely, efficient, effective, equitable and person-centred.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams 5. People First, Digital Always 6. Safe, Timely, High Quality Care 7. Future Orientated 8. Fit for Purpose, Modern Facilities and Services

Hypergyswilt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer lechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (<i>complete for strategic change and/or significant service changes</i>)	6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Planned Services and Specialist Care Clinical Care Group meetings

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report.
Gweithlu: Workforce:	Contained within the report.
Tegwch lechyd: Health Equity:	Not Applicable
Risg: Risk:	Contained within the report.
Cyfreithiol: Legal:	Not Applicable

Enw Da: Reputational:	Contained within the report
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable