



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Outcome from the 6 Month Review of the Revised Quality & Safety Governance Arrangements Introduced in September 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance & Risk Alison Gittins, Head of Special Projects, Corporate Governance

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 share the outcome from the 6 month review of the revised quality and safety governance arrangements introduced across both the operational and the assurance arm of the Health Board in September 2025, for consideration by the Quality, Safety and Experience Committee (QSEC).

Cefndir / Background

In the 'Proposed Quality & Safety Governance Arrangements Report' to QSEC in August 2025, it was agreed that for further assurance, a report would be presented to QSEC 6 months post the introduction of the revised arrangements, to provide an update on their effective implementation.

Terms of Reference for this review were crafted and shared with those whose views it was agreed would be sought to inform the review.

The purpose of the review was:

- 1.1 *To undertake a comprehensive review of the revised quality & safety governance arrangements introduced within HDdUHB in September 2025 to establish their effectiveness in terms of leading to improvements in quality and safety, and to prepare a report on the outcome for consideration by the Quality, Safety & Experience Committee in April 2026.*
 - 1.1.1 *To establish whether the revised Quality & Safety Intelligence Group arrangements are providing Clinical Executive Directors with an improved level of oversight of quality & safety across the Health Board enabling actions to be directed to address issues related to quality performance in key areas.*
 - 1.1.2 *To establish whether discussion on quality intelligence at Integrated Quality, Finance & Performance Delivery Group is leading to appropriate actions and*

responses from relevant Clinical Care Groups (CCGs) to address concerns or issues related to quality performance.

1.1.3 To confirm whether the Quality, Safety & Experience Committee is receiving the assurance it requires from the revised quality & safety governance arrangements in place since September 2025, leading to better patient outcomes.

A Project Plan was initiated to undertake the review comprising two distinct components:

- A desktop review of the agendas, papers and workplan of the Quality & Safety Intelligence Group (QSIG), the Integrated Quality, Finance & Performance Delivery Group (IQFPDG), and the Quality & Safety Committee (QSEC) itself.
- Interviews with the Interim Assistant Director of Nursing Assurance and Safeguarding, the Clinical Executive Directors of the Health Board, and the Chair of QSEC.

The Assessment section below sets out the high-level findings under each element of the review together with their recommendations, with the detailed work that has been undertaken against the terms of reference set for the review captured in Appendix 1.

The actions proposed in support of these recommendations are set out in the accompanying Action Plan (see Appendix 2).

Asesiad / Assessment

Quality & Safety Intelligence Group (QSIG) Arrangements

The first element of the Quality & Safety Governance review sought to establish whether the revised Quality & Safety Intelligence Group (QSIG) arrangements provided Clinical Executive Directors with an improved level of oversight of quality & safety across the Health Board, enabling actions to be directed to address issues related to quality performance in key areas.

Through the desktop review of QSIG's agenda, papers and workplan, and through interviews with Clinical Executive Directors, the key findings and recommendations are as follows (with the full findings and recommendations set out in Appendix 1).

Agendas

QSIG held its inaugural meeting under the revised and more formal arrangements on 11 September 2025 and has held regular, monthly meetings since. Its agendas are in line with the standard template agreed in terms of the 'governance' items, with the exception of QSIG's Action Tracker which was only presented to the January 2026 QSIG meeting. It is recommended that consideration is given to adopting a Table of Action discipline where actions are reviewed and closed at each meeting, rather than placing reliance on a Live Action Tracker where the onus is on members to pro-actively seek out their actions and complete them.

Other QSIG agenda items comply with the standard template proposed and include the Our Safety Dashboard; Concerns Management Groups and other concerns for escalation; Nationally Reportable Incidents; Healthcare Associated Infections; HIW and other regulatory matters; Mortality; Deep Dives (as appropriate); Fragile Services; and Reporting Group Updates.

Reporting Groups Terms of Reference and Reporting Cycle

9 operational groups previously reported into Operational Quality, Safety & Experience Sub-Committee (OQSESC):

- Effective Clinical Practice Advisory Panel
- Medicines Management Operational Group

- Human Tissue Authority Assurance Group
- Mental Capacity Act & Consent Group
- Nutrition & Hydration Group
- Recognition of Acute Deterioration and Resuscitation Group
- Medical Devices Group
- Infection Prevention Strategic Steering Group
- Strategic Safeguarding Group

These have all become reporting groups of QSIG, together with QSIG's existing Fragile Services Oversight Group, the Medical Exposures Group as confirmed by the Clinical Executive Directors as a further reporting group of QSIG, and the Quality Impact Assessment Panel which was identified as an additional reporting group following QSIG's inaugural meeting, making 12 reporting groups of QSIG in total.

Chairs of each reporting group were added to QSIG's membership and invited to QSIG's inaugural meeting to better understand QSIG's expectations going forward. Each Chair was asked to review their reporting group's Terms of Reference to align reporting and assurance in line with the new quality and safety governance arrangements, update the membership as appropriate, and bring back revised Terms of Reference to QSIG for approval when they were next scheduled to report.

To date however, only 4 out of the 12 reporting groups have revised their Terms of Reference and presented these to QSIG for approval over the past 6 months. Therefore the majority of the reporting groups have still not clarified their objectives or outputs, leading to a lack of clarity regarding their roles and effectiveness.

It is therefore recommended to finalise the Terms of Reference for all reporting groups by their next reporting period in order to clarify their aims, standards, responsibilities and escalation reports, and to ensure their reporting groups work plans align to expected standards.

In order to manage the additional workload involved for QSIG, and to subsequently manage IQFPDG's agenda, it had been agreed that the reporting groups would maintain their current meeting rhythm and report into QSIG on rotation i.e. 3 groups every 4 months.

Currently however, the reporting groups report to QSIG following each of their meetings which led to QSIG receiving 5 reporting group update reports in September 2025, 4 in October 2025, 5 in November 2025, 4 in December 2025, 4 in January 2026 and 4 in February 2026.

This has resulted in an over-reporting from certain reporting groups, particularly those with a more frequent meeting rhythm, and gaps in reporting from others.

A reinforcement of the agreed 4 monthly cycle is therefore required to allow the reporting groups to develop their work plans, collaborate with CCGs and other Corporate functions, and provide more focused, actionable updates to QSIG to ensure manageable agendas and to accommodate groups with less frequent meetings avoid gaps in reporting and oversight.

Whilst updates from reporting groups are regularly received at QSIG, the review noted that the current 3As (Alert, Advise and Assure) template does not lend itself to meeting the requirement of the responsibility within QSIG's Terms of Reference to *'indicate the Health Board's position against the required legislation or standards, and agreed performance metrics/outcome measures in place, identifying any gaps in achieving these/compliance, and how these will be addressed through any actions required.'*

While the current 3As reports are useful, they often flag issues that reporting groups should be able to resolve themselves; a clearer definition of what should be escalated to QSIG is therefore required which could be addressed through specific additional wording in reporting groups Terms of Reference.

There is also little evidence of reporting groups undertaking baseline assessments and ensuring these are incorporated into their reporting cycle to QSIG to enable the Health Board's position against the required legislation or standards to be measured and understood, nor to identify how any gaps in achieving compliance will be addressed.

The creation of a new standard reporting template for reporting groups is therefore recommended to ensure that these key elements are consistently included and considered in discussions.

QSIG Quoracy

In terms of QSIG's meeting practice, the review noted the challenge of achieving quoracy with only 3 out of the 6 monthly QSIG meetings having the required two Clinical Executive Directors present. Planning meetings a year in advance and coordinating with administrative staff to ensure alignment of QSIG meetings with other key meetings, such as QSEC and the Board will be key to ensuring the required number of Clinical Executive Directors are available.

Our Safety Dashboard/Triangulation of Data

In terms of QSIG's responsibilities, the review established that all operational responsibilities as set out in QSIG's Terms of Reference had been met with the exception of *'Making use of key performance indicators/metrics, including triangulation with patient feedback, surveys and patient stories, to evaluate what is working well and what is not, focusing on exceptions, both positive and negative.*

Whilst the Our Safety Dashboard presented to QSIG makes use of key performance indicators and metrics, it is recognised that these are not necessarily triangulated with patient feedback, surveys and patient stories. Data use needs to be expanded beyond performance metrics into patient experience, recognising that this is currently a gap.

Whilst improvement actions in terms of the minimum requirements to reduce escalation levels are included within the routine Our Safety Dashboard presented to QSIG, also included within its Terms of Reference was that QSIG would continue to issue 'outcome letters' from discussions at each of its meetings to the CCG Service Directors or Corporate functions in order to follow up on any action required within their respective services; it is understood that this is no longer the case. It is recommended that consideration be given to reinstating outcome letters or action summaries to CCGs and Corporate functions, particularly around escalation.

Deep Dives

In terms of deep dives, whilst over the review's 6 month reference period, a total of 9 deep dives have featured at QSIG's meetings, consideration could be given to developing a more structured approach to planning deep dives throughout the year, ensuring that topics are aligned to QSEC agenda items, and identified and scheduled in advance where possible while retaining flexibility for emerging issues from reporting groups and other areas as and when these arise.

Administrative Support

The significant administrative workload involved in supporting QSIG and those of its reporting groups was recognised by the review, noting that capacity constraints and limited administrative support remain challenging.

It is recommended that clarity is sought on the administrative resourcing required to sustain operational governance functions, through discussion at Executive Team.

Integrated Quality, Finance & Performance Delivery Group (IQFPDG) Arrangements

The second element of the Quality & Safety Governance review sought to establish whether discussion on quality intelligence at IQFPDG is leading to appropriate actions and responses from relevant CCGs and Corporate functions to address concerns or issues related to quality performance.

Through the desktop review of IQFPDG's agenda, papers and workplan, and through interviews with the Chair of IQFPDG (Quality, Health & Safety agenda), the key findings are as follows (with the full findings and recommendations set out in Appendix 1).

QSIG Reporting to IQFPDG

A composite 'intelligence' report is routinely presented to IQFPDG at each of its meetings, based on the Our Safety Dashboard, the monthly escalation levels for functions for the Quality domain with de-escalation criteria for Clinical Care Groups, and any other concerns or issues related to quality performance with proposed actions for IQFPDG to agree for the CCGs and for them to operationalise any responses required.

This Quality and Safety Report also provides the Alert, Advise and Assure items from each QSIG meeting for IQFPDG's consideration, and to agree any actions for CCGs and Corporate functions to undertake.

The review noted that the detail within the Quality & Safety Report correlates with the issues raised within the CCG 3As update reports.

However, this Quality & Safety Report is placed on the agenda following the individual CCG and Corporate functions 3As reports and it is suggested that by placing it in front of these reports would provide for the necessary context.

Since IQFPDG was temporarily stood down in January 2026 due to winter pressures, it was agreed to share the Quality and Safety Report directly with Formal Executive Team in the absence of IQFPDG meetings taking place. However, no evidence could be found of this in Formal Executive Team agenda or minutes and it is recommended that the Quality & Safety Report is shared with Formal Executive Team directly in the absence of IQFPDG meetings or appended to the IQFPDG Update Report to Formal Executive Team when IQFPDG meetings are taking place.

Cross-Organisational Learning

One of the purposes behind establishing IQFPDG had been to facilitate cross-organisational learning across CCGs and other Corporate functions, and to provide a forum for CCG Service Directors and Assistant Directors of Nursing, Quality and Experience/Assistant Director of Quality, Safety and Experience present at IQFPDG meetings to be directly informed of the quality & safety issues within their specific areas in order that the service could then operationalise any responses that may be required, and to hold shared discussions and cross-pollination of insights and ideas with the aim of avoiding siloed solutions.

It is recognised that the role of IQFPDG is currently under review, however the absence of a forum where CCG Service Directors and Assistant Directors of Nursing, Quality and Experience/Assistant Director of Quality, Safety and Experience are present could re-create

silos, reduce cross-group information and risk pertinent information bypassing the Chief Operating Officer and other Executive Directors present at IQFPDG.

Quality, Safety & Experience Committee (QSEC) Arrangements

The third element of the Quality & Safety governance review sought to confirm whether QSEC is receiving the assurance it requires from the revised quality & safety governance arrangements in place since September 2025, leading to better patient outcomes.

Through the desktop review of QSEC's agenda, papers and workplan, and through interviews with the Chair of QSEC, the key findings are as follows (with the full findings and recommendations set out in Appendix 1).

Quality & Safety Assurance Report

It had been agreed that a Quality & Safety Assurance Report would be submitted to each QSEC meeting drawing out the key issues from the intelligence provided for the reporting groups (3 times per year) and any alert and advise items from the CCGs and Corporate functions 3As reports with the agreed plan of action to address these.

Whilst a Quality & Safety Assurance Report was submitted to each of QSEC's meetings, it did not include the key issues from the intelligence provided for QSIG's reporting groups nor any alert and advise items from the CCG and Corporate functions 3As reports with the agreed plan of action to address these as discussed at IQFPDG. It is therefore recommended that this is included going forward.

The review also noted that the Quality & Safety Assurance Report is often placed towards the end of QSEC's meeting agenda, leading to the potential for it to be overlooked. The importance of effective agenda setting to ensure that sufficient time is allocated to key topics and to ensure that meetings do not run out of time for important items placed at the end of the agenda is therefore recommended.

CCG and Public Health Assurance Reports

It had also been agreed that QSEC would receive a six-monthly assurance report from each CCG, and Public Health, on their quality governance arrangements to enable QSEC to gain direct assurance.

Three out of these six assurance reports were presented to QSEC at its meeting on 4 December 2025, and one to its meeting on 13 February 2026, the remaining two having been deferred from the February meeting during agenda setting due to operational pressures at the time.

From QSEC's 2026/27 Annual Workplan, CCG assurance reports have been plotted three times a year rather than the proposed 6 monthly frequency, and it is recommended that the previously agreed frequency is adopted.

It was also noted that CCG assurance reports can be of variable quality, with some lacking clarity and insight and not always providing the necessary information on outcomes and impacts, while others can be more reassuring. Overall, this indicates an inconsistency in reporting maturity across the organisation leading to the Committee not being fully assured by reporting groups' outputs/reports.

It is therefore recommended that the Committee would benefit from a more prominent and clearer action summary within the reports presented.

Safeguarding and Infection Prevention & Control Assurance Reports

It had also been agreed that routine 6 monthly assurance reports would be received at QSEC in respect of safeguarding and infection prevention & control. Whilst Safeguarding and Infection Prevention & Control Assurance Reports were both due to be received at QSEC's meeting in February 2026, only the Safeguarding Assurance Report was received as it was agreed to stagger these two assurance reports given both were to be written by the same reporting author.

Both assurance reports have been plotted on QSEC's 2026/27 workplan three times a year i.e. at every other QSEC meeting, rather than the proposed 6 monthly frequency, and it is recommended that the previously agreed frequency is adopted.

Gaps Identified in Reporting to QSEC

Overall, whilst the review found that the new arrangements are judged to be working more effectively, enabling the Committee to remain more strategic and avoid it becoming drawn into operational detail at too early a stage which had been the case previously with the former Sub-Committee structure, gaps particularly in terms of the capturing of walkabout intelligence and assurance flow back to QSEC were observed. It is therefore recommended that consideration be given to improving walkabout intelligence capture without the attendant creation of additional bureaucracy

Summary

In summary, the 6 monthly review of the revised quality & safety governance arrangements introduced in September 2025, has demonstrated the following against the review's purpose:

- **To establish whether the revised Quality & Safety Intelligence Group arrangements are providing Clinical Executive Directors with an improved level of oversight of quality & safety across the Health Board enabling actions to be directed to address issues related to quality performance in key areas.**

Whilst the review has established that the revised QSIG arrangements are providing Clinical Executive Directors with an improved level of oversight of quality & safety across the Health Board, the following recommendations are made to enable any outstanding actions to be directed to address issues related to quality performance in key areas.

- Adopt a Table of Action discipline at QSIG where actions are reviewed and closed at each meeting, rather than placing a reliance on the current Live Action Tracker.
- Ensure all reporting groups review and re-submit by their next reporting period their revised Terms of Reference to QSIG for approval.
- Reinforce the previously agreed 4 monthly reporting cycle discipline for QSIG's reporting groups to avoid over and under reporting.
- Develop structured reporting group specific templates incorporating baseline assessments against which the Health Board's position against the required legislation or standards can be measured, identifying how any gaps in achieving compliance can be met, together with the actions being taken forward, by whom and by when.
- Ensure QSIG meetings are scheduled sufficiently in advance and aligned with Clinical Executive Director availability at mutually appropriate/agreeable times to enable quoracy at QSIG to be maintained.

- Ensure use of key performance indicators is triangulated with patient feedback, surveys and patient stories by expanding data use beyond performance metrics into patient experience within Our Safety Dashboard.
- Reinstate outcome letters or action summaries to CCGs and Corporate functions, following QSIG meetings, particularly around escalation.
- Develop a more structured approach to planning deep dives on QSIG's agenda throughout the year, ensuring that topics are identified and scheduled in advance where possible, while retaining flexibility for emerging issues, as and when they arise.
- Introduce a clearer definition of what should be escalated to QSIG from reporting groups within their respective Terms of Reference.
- Acknowledging that capacity to sustain operational governance functions is an issue, discussion to be held at Executive Team on how support can be provided.

- **To establish whether discussion on quality intelligence at Integrated Quality, Finance & Performance Delivery Group is leading to appropriate actions and responses from relevant Clinical Care Groups (CCGs) to address concerns or issues related to quality performance.**

Whilst the review has established there is discussion on quality intelligence at IQFPDG meetings, the following recommendations are made to ensure that these are leading to appropriate actions from CCGs and Corporate functions to address concerns or issues related to quality performance.

- Ensure the Quality & Safety Report is placed on IQFPDG's agenda in front of the individual CCG and Corporate functions 3As reports to provide for the necessary context.
- To reinstate the sharing of the Quality & Safety Report with Formal Executive Team directly in the absence of IQFPDG meetings, or append to the IQFPDG Update Report to Formal Executive Team when IQFPDG meetings are taking place.
- Dependent upon the outcome of the review of IQFPDG, consideration to be given to how the necessary cross-group information will be addressed in any new governance arrangements proposed.
- **To confirm whether the Quality, Safety & Experience Committee is receiving the assurance it requires from the revised quality & safety governance arrangements in place since September 2025, leading to better patient outcomes.**

Whilst the review has confirmed that the revised quality & safety governance arrangements are an improvement over those previously in place, offering more structure and direction both for the Committee and the Board and prompting Committee members to consider more carefully those actions or responses that are required through the QSEC 3As Report submitted to Board, the following recommendations are made to further improve the arrangements in place.

- Include within the Quality & Safety Assurance Report to QSEC the key issues from the intelligence provided for QSIG's reporting groups and any alert and advise items from the CCG and Corporate functions 3As reports with the agreed plan of action to address these as discussed at IQFPDG.
- Place the Quality and Safety Assurance Report nearer the beginning of QSEC's meeting agenda to avoid late-meeting fatigue and to ensure sufficient time is allocated to its discussion.

- Reinforce the previously agreed 6 monthly reporting cycle discipline for CCG and Public Health assurance reports on QSEC's agenda.
- Address concerns regarding the variability and content of CCG and Public Health assurance reports by introducing a more prominent and clearer action summary within these reports to QSEC.
- Reinforce the previously agreed 6 monthly reporting cycle discipline for Safeguarding and Infection Prevention and Control assurance reports on QSEC's agenda.
- Explore a light-touch mechanism for capturing and feeding walkabout insights into QSEC when formal note-taking is unavailable.

For QSEC's assurance, all recommendations from this review have been captured in an action plan to address the issues identified and to support continuous improvement within quality & safety arrangements across the organisation (see Appendix 2).

Argymhelliad / Recommendation

QSEC is requested to:

- Receive assurance that while the revised quality and safety governance arrangements introduced in September 2025 represent an improvement over the arrangements formerly in place, there is further work to do to fully implement and embed the previously agreed actions which will be addressed through the Action Plan set out in Appendix 2.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1: These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board 10.5 The 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)	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
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 QSIG Terms of Reference Proposed Quality & Safety Governance Arrangements Report to QSEC in August 2025
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Director of Corporate Governance (Board Secretary) Assistant Director of Assurance and Risk Clinical Executive Directors HDdUHB Vice-Chair (Chair of QSEC)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impact
Ansawdd / Gofal Claf: Quality / Patient Care:	The intention of this report is to improve quality & safety governance arrangements to drive improvements within clinical services
Gweithlu: Workforce:	No direct impact
Risg: Risk:	No direct impact

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

REVIEW OF THE EFFECTIVE IMPLEMENTATION OF THE REVISED QUALITY & SAFETY GOVERNANCE ARRANGEMENTS INTRODUCED SEPTEMBER 2025

TERMS OF REFERENCE

1. PURPOSE

- 1.1 To undertake a comprehensive review of the revised quality & safety governance arrangements introduced within HDdUHB in September 2025 to establish their effectiveness in terms of leading to improvements in quality and safety, and to prepare a report on the outcome for consideration by the Quality, Safety & Experience Committee in April 2026.**
- 1.1.1 To establish whether the revised Quality & Safety Intelligence Group arrangements are providing Clinical Executive Directors with an improved level of oversight of quality & safety across the Health Board enabling actions to be directed to address issues related to quality performance in key areas.**
- 1.1.2 To establish whether discussion on quality intelligence at Integrated Quality, Finance & Performance Delivery Group is leading to appropriate actions and responses from relevant CCGS to address concerns or issues related to quality performance.**
- 1.1.3 To confirm whether the Quality, Safety & Experience Committee is receiving the assurance it requires from the revised quality & safety governance arrangements in place since September 2025, leading to better patient outcomes.**

2. PROJECT PLAN

- 2.1 Quality & Safety Intelligence Group (QSIG)
Desktop Review (through the sourcing of QSIG's agenda, papers and workplan)**
- 2.1.1 Review QSIG agendas and papers against the QSIG standard agenda template and work plan.**

Through a desktop exercise undertaken of QSIG's agendas, papers and annual workplan the review sought to establish whether the following revised arrangements as articulated in the 'Proposed Quality & Safety Governance Arrangements Report' to QSEC in August 2025, had been effectively implemented:

'Quality & Safety Intelligence Group (QSIG), previously an advisory group reporting into Executive Team comprising HDdUHB's Clinical Executive Directors together with Deputy and Associate Directors, to move to becoming an intelligence-led group reporting into IQFPDG, adopting a more formal approach in terms of a maintenance of its monthly meeting rhythms in order that the 'intelligence' from QSIG can be brought regularly to IQFPDG to provide the context for its monthly quality, health & safety focused meetings, through a composite 'intelligence' report, based on Our Safety

Dashboard, the monthly escalation levels for functions for the Quality domain with de-escalation criteria for Clinical Care Groups, and any other concerns or issues related to quality performance with proposed actions for IQFPDG to agree for the CCGs. In addition, a summary report of the Quality & Safety intelligence would be reported to Executive Team, appended to the routine IQFPDG Update Report, providing an overview of any issues that needed actions agreed through IQFPDG for Clinical Care Groups to take forward.'

The desktop review confirmed that QSIG held its inaugural meeting under the revised and more formal arrangements on 11 September 2025 and has held regular, monthly meetings since.

Current QSIG's agendas appear to be broadly in line with the standard template proposed. In terms of the 'governance' items submitted, while QSIG minutes from previous meetings are always presented to subsequent meetings, a QSIG Table of Actions is not routinely submitted; only at the January 2026 QSIG meeting was the QSIG Live Action Tracker presented. It is therefore recommended that consideration is given to adopting a Table of Action discipline where actions are reviewed and closed at each meeting, rather than placing reliance on a Live Action Tracker where the onus is on members to pro-actively seek out their actions and complete them. QSIG's Annual Workplan is always presented to each meeting and follows the standard format prescribed.

Other current QSIG agenda items comply with the standard template proposed and include the Our Safety Dashboard; Concerns Management Groups and other concerns for escalation; Nationally Reportable Incidents; Healthcare Associated Infections; HIW and other regulatory matters; Mortality; Deep Dives (as appropriate); Fragile Services; and Reporting Group Updates.

2.1.2 Verify that QSIG's reporting groups have maintained their meeting rhythm and report into QSIG, on rotation (3 groups every 4 months). Establish the type of information and the improvement actions being reported to QSIG through their 3As Reports, ensuring these are consistently covering off the CCG and Health Board quality & safety performance, detailing the outcomes and any actions required (Consider whether a standardised template is required).

Through the desktop exercise, the review sought to establish whether the following revised arrangements as articulated in the 'Proposed Quality & Safety Governance Arrangements Report' to QSEC in August 2025 had been effectively implemented:

'The 9 operational groups previously reporting into QSESC to report into QSIG alongside QSIG's existing reporting group, the Fragile Services Oversight Group, requiring a change to the reporting arrangements within

these 9 operational groups' Terms of Reference, approval of these Terms of Reference at QSIG, and a conversation with their Chairs on QSIG's expectations of how these reporting groups would operate going forward. This would also require changes to QSIG's membership in terms of the addition of the Chairs of these 9 reporting groups, as well as including the Chair of the Medical Exposures Group, as identified previously by the Clinical Executive Directors. To manage the additional workload involved for QSIG, and to manage IQFPDG's agenda, the reporting groups in total would maintain their current meeting rhythm and report in, on rotation - 3 groups every 4 months, to QSIG's agenda with 3 of the reporting groups' data reported to IQFPDG once every 4 months.'

The following 9 operational groups previously reported into Operational Quality, Safety & Experience Sub-Committee (QQSESC):

- Effective Clinical Practice Advisory Panel
- Medicines Management Operational Group
- Human Tissue Authority Assurance Group
- Mental Capacity Act & Consent Group
- Nutrition & Hydration Group
- Recognition of Acute Deterioration and Resuscitation Group
- Medical Devices Group
- Infection Prevention Strategic Steering Group
- Strategic Safeguarding Group

These have all become reporting groups of QSIG necessitating an increase in support to manage the additional workload involved, together with QSIG's existing Fragile Services Oversight Group, the Medical Exposures Group as confirmed by the Clinical Executive Directors as a further reporting group of QSIG, and the Quality Impact Assessment Panel which was identified as an additional reporting group following QSIG's inaugural meeting, making 12 reporting groups of QSIG in total.

The Chairs of each reporting group were added to QSIG's membership and invited to QSIG's inaugural meeting to better understand QSIG's expectations of their reporting groups going forward. An undertaking was made at that meeting by each Chair to review their reporting group's Terms of Reference to align reporting and assurance in line with the new quality and safety governance arrangements, update the membership as appropriate, and to bring back revised Terms of Reference to QSIG for approval when they were next scheduled to report.

However, from the findings of the desktop review, only 4 out of the 12 reporting groups have revised their Terms of Reference and presented these to QSIG for approval over the past 6 months; these are Effective Clinical Practice Advisory Panel; the Mental Capacity Act & Consent Group; the Medicines Management Oversight Group and the Medical Exposure Group. Aside from the Effective Clinical Practice Advisory Panel, it has not been clear from their report or the subsequent QSIG minutes that these Terms of Reference were presented for approval, or that they were approved.

It had been agreed that in order to manage the additional workload involved for QSIG, and to subsequently manage IQFPDG's agenda, the reporting groups would maintain their current meeting rhythm and report in to QSIG on rotation i.e. 3 groups every 4 months, with 3 of the reporting groups' data reported to IQFPDG through the Quality & Safety Report submitted once every 4 months.

However, from the findings of the desktop review, it appears that the reporting groups report to QSIG following each of their meetings, some of which are held bi-monthly, some quarterly. This meant QSIG receiving 5 reporting group update reports in September 2025, 4 reports in October 2025, 5 reports in November 2025, 4 reports in December 2025, 4 reports in January 2026 and 4 reports in February 2026.

Despite the high number of reporting group update reports received, not all QSIG groups were equally represented as identified below:

- HTA reported to 4 out of 6 QSIG meetings (11 September 2025, 13 November 2025, January 2026, 13 February 2026)
- The Effective Clinical Advisory Panel reported to 3 out of 6 QSIG meetings (11 September 2025, 13 November 2025 and 15 January 2026);
- MEG reported to 3 out of 6 QSIG meetings (10 October 2025, 12 December 2025, 13 February 2026)
- MCA reported to 2 out of 6 QSIG meetings (10 October 2025, 12 December 2025)
- MMOG reported to 2 out of 6 QSIG meetings (11 September 2025, 15 January 2026)
- RADAR reported to 2 out of 6 QSIG meetings (11 September 2025, 13 November 2025)
- QIA reported to 2 out of 6 QSIG meetings (11 September 2025, 15 January 2026)
- IPSSG reported to 2 out of 6 QSIG meetings (10 October 2025, 12 December 2025)
- SSG reported to 2 out of 6 QSIG meetings (10 October 2025, 12 December 2025)
- MDG reported to 2 out of 6 QSIG meetings (13 November 2025, 13 February 2026)
- NHG reported to 1 out of 6 QSIG meetings (13 November 2025)

The Fragile Services Oversight Group did not report to QSIG at all during the 6 month reference period.

2.1.3 Review QSIG meeting practice against its Terms of Reference in terms of its responsibilities, membership, meeting frequency, quoracy

At the 11 September 2025 inaugural meeting, QSIG's Terms of Reference were reviewed and agreed with minor amendments to group titles and roles for

accuracy. The membership, meeting frequency, quoracy and secretariat arrangements were also clarified and it was agreed to review the Terms of Reference in January 2026.

Whilst these were scheduled for review in January 2026 and placed on the agenda, subsequent discussion only identified that *'it was noted that no specific concerns had been raised, but was confirmed that the Terms of Reference would be reviewed alongside wider governance arrangements.'*

Quoracy has however been challenging, with only 3 out of the 6 monthly QSIG meetings having two Clinical Executive Directors present. QSIG's quoracy requirements are as follows:

A quorum shall consist of no less than a third of the membership and must include as a minimum two clinical Executive Directors and one deputy Clinical Director, together with the Chair (or representative) of the 3 Reporting Groups required to attend on rotation at each meeting to present their respective update reports).

In terms of QSIG's responsibilities, the following have been extracted from its Terms of Reference, with the desktop review identifying how far each have been met:

- *Ensure oversight of those performance measures that focus on the delivery of quality and safe services within the NHS Wales Performance Framework.*

The Our Safety Dashboard, presented to each QSIG meeting, is focused on the delivery of quality and safe services within the NHS Wales Performance Framework.

- *Oversee and agree the escalation levels for the domain of quality of the internal Improving together framework, providing clear de-escalation criteria and areas of improvement to Clinical Care Groups and Clinical Service Groups classed as providing either 'limited' or 'no assurance.*

QSIG oversees and agrees the escalation levels for CCGs and other Corporate functions for the Quality domain, and as well as providing the reasons for escalation within the routine Our Safety Dashboard presented to QSIG, it also includes the minimum requirements to reduce escalation levels, together with annotated notes from the Assessor.

- *Make use of key performance indicators/metrics, including triangulation with patient feedback, surveys and patient stories, to evaluate what is working well and what is not, focusing on exceptions, both positive and negative.*

Whilst the Our Safety Dashboard presented to QSIG makes use of key performance indicators and metrics, it is recognised that these are not

necessarily triangulated with patient feedback, surveys and patient stories. Data use needs to be expanded beyond performance metrics into patient experience, and it is recognised that this is currently a gap.

- *Request further information/deep dives regarding any issue of concern to inform decision-making.*

There is evidence in QSIG's minutes of discussions regarding the process to be adopted for recommending deep dives, noting that these should be driven by outputs from governance processes such as IQFPDG and EITS, and also through a review of the minutes from QSEC and IQFPDG to identify any areas or items that need to be the subject of deep dives, which should be structured, balanced, and aligned to quality and safety.

QSIG agreed to keep considering new areas for deep dives and encouraged members to bring forward suggestions, with no objections raised to the deep dive topics proposed.

The following deep dives were received at QSIG meetings during the 6 month reference period:

- QSIG Meeting 10 October 2025:
 - Assessment and Care of 'Medical' Issues Arising in In-patients within MH&LD Settings
 - Public Health Operational Issues – Scabies
- QSIG Meeting 12 December 2025
 - Transition of Care for Young People with ADHD and ASD
- QSIG Meeting 15 January 2026
 - Mortality following Trauma and Orthopaedic Surgery
 - Medical Devices Update
- QSIG Meeting 13 February 2026
 - Veno-Thrombo Embolism and Healthcare Acquired Thrombosis
 - Deconditioning
 - Incidents Occurring in Non-Designated Clinical Areas
 - Nursing Provision at Ysgol Heol Goffa

Consideration could be given to developing a more structured approach to planning deep dives throughout the year, ensuring that topics are aligned to QSEC agenda items, identified and scheduled in advance where possible, while retaining flexibility for emerging issues from reporting groups and other areas, as and when they arise.

- *Ensure appropriate improvement actions are conveyed where performance is not meeting expectations.*

Improvement actions in terms of the minimum requirements to reduce escalation levels are included within the routine Our Safety Dashboard presented to QSIG.

However, it was also agreed that QSIG would continue to issue 'outcome letters' following on from discussions at each of its meetings, to the CCG Service Directors or Corporate functions in order to follow up on any action required within their respective services; it is understood that this is no longer the case. It is recommended that consideration be given to reinstating outcome letters or action summaries to CCGs and Corporate functions, particularly around escalation.

- *Detect any trends to mitigate issues before they arise or reduce the impact of risk.*

The Our Safety Dashboard which is routinely presented to QSIG, is the central tool for highlighting themes and identifying issues such as mortality, incidents, thrombectomy and cardiac arrests, and used to select topics for deep dives and to monitor trends across reporting groups.

Artificial intelligence, such as Copilot, is beginning to be used to interrogate systems and identify themes and trends that are not easily visible through standard reporting.

- *Provide a Quality and Safety Intelligence Report to the Integrated Quality, Finance and Performance Delivery Group, in regard to all of the above, setting out the improvement actions required.*

A Quality and Safety Report, based on the Our Safety Dashboard Analysis is provided to IQFPDG, setting out the improvement actions required in terms of reducing escalation levels.

- *Receive updates from each of its reporting groups indicating the Health Board's position against the required legislation or standards, and agreed performance metrics/outcome measures in place, identifying any gaps in achieving these/compliance, and how these will be addressed through any actions required.*

Whilst updates from reporting groups are received, the current 3As (Alert, Advise and Assure) template does not lend itself to meeting the requirements of this responsibility. There is little evidence of reporting groups undertaking baseline assessments and ensuring these are incorporated into their reporting cycle to QSIG to enable the Health Board's position against the required legislation or standards to be measured and understood, nor to identify how any gaps in achieving

compliance will be addressed. The creation of a new standard reporting template for reporting groups is therefore recommended to ensure that these key elements are consistently included and considered in discussions.

- *Horizon scan and feedback from national groups to ensure local awareness and development of measures linked to delivery of the quality, safety and experience agenda.*

No evidence of items relating to horizon scanning, nor feedback from national groups, could be found within QSIG's agendas over the review's 6 month reference period.

Through interviews conducted individually with Clinical Executive Directors, the following questions were posed in regard to QSIG:

- **Are the revised QSIG arrangements providing an improved level of oversight of the quality & safety processes and systems across the Health Board to enable actions to be directed to where there are issues related to quality performance and for improvements to be driven in key areas**

The current effectiveness of QSIG arrangements, the structure and discipline of reporting groups, and the operational challenges in maintaining oversight and timely reporting of quality & safety within the Health Board were discussed with individual Clinical Executive Directors, focusing on reviewing the effectiveness, maturity, and future direction of the QSIG governance structure, its reporting groups, operational arrangements, meeting frequency, and alignment with wider governance forums such as IQFPDG, QSIG, and CCGs Integrated Governance Group meetings.

It was reported that the revised arrangements in place represent a '*massive step forward*', improving oversight and influence over quality and safety issues, with improved visibility of quality and safety issues compared to the previous arrangements.

These new governance arrangements have enabled more direct and regular discussions about quality and safety issues among key stakeholders including the 3 Clinical Executive Directors, with reporting groups now providing more actionable information. This new structure is seen as a significant improvement over the previous arrangements, where issues were not as visible. There is a need however to ensure QSIG remains focused on quality & safety and not drift into purely performance-based discussions.

It was agreed that moving away from the previous Sub-Committee structure has avoided a number of issues being escalated to QSEC which has prevented unnecessary burden for the Committee, and led to more open and relevant discussions, although the bar for assurance remains high and there

is still confusion regarding the distinction between assurance and reassurance.

Discussions were held on the evolution of the governance structure, highlighting improved oversight provided by QSIG, the need for reporting group maturity, and the importance of structured feedback loops between reporting groups, CCGs, and other forums such as QSEC and IQFPDG.

One Clinical Executive Director expressed the view that Clinical Executive Directors are currently too involved in operational details rather than providing strategic leadership, suggesting that as leadership structures mature, Clinical Executive Directors should step back and focus on oversight and assurance.

Reflections were made on the ongoing need for continuous improvement in governance processes, and the importance of not making disruptive changes while the current system is maturing. Ongoing review and incremental improvement of QSIG processes were advocated, rather than radical changes, to ensure the system continues to mature and deliver better outcomes.

- **Are the revised QSIG arrangements working in terms of identifying the risks, gaps and controls required to improve quality and safety**

Through individual discussions with the Clinical Executive Directors, it was acknowledged that reporting groups are still maturing, with a tendency currently to be reactive rather than proactive. The aim would be for these reporting groups to be more aligned to their core remit, focusing on their core business, use data to identify compliance gaps, and interact more effectively with CCGs and other Corporate functions to resolve issues before escalating these to the next level. It was recognised that the shift from the previous assurance focus of the QQSESC to an operational focus of the new arrangements had been intended to foster more direct problem-solving and reduce unnecessary escalation.

Discussions were held on the importance of closing the feedback loop by ensuring that issues raised by reporting groups are addressed at the appropriate level, with clear communication back to the groups about actions taken or required. It was agreed that the revised arrangements allow for better influence and more structured reporting to IQFPDG, Executive Teams and QSEC.

With regard to the quality of reporting, the effectiveness of the current 3As reporting templates was evaluated, to consider whether this format provides sufficient detail and actionable intelligence for the Health Board's needs. It was recognised that the 3As template may not always capture the necessary detail for effective operational oversight, especially compared to the templates used by other groups. The need for clearer, more structured reporting from reporting groups beyond reactive '*alerts*' was identified. While the current 3As reports are useful, they often flag issues that reporting groups

should be able to resolve themselves; a clearer definition of what should be escalated to QSIG is therefore required which could be addressed through specific additional wording in reporting groups Terms of Reference. It was also suggested that a more tailored approach, potentially with group-specific templates, could improve the quality of information provided.

The importance of including baseline assessments, and compliance with legislation/standards in reports was emphasised, particularly for areas such as safeguarding. Reports should provide clear intelligence on the actions that are required, where gaps exist, and what the Health Board is required to do about these. The need for reports to also cover other elements such as training, workforce development, and public interface was also emphasised to ensure comprehensive oversight.

The creation of a new standard reporting template for reporting groups was proposed, which would ensure that key elements are consistently included and considered in discussions.

- **Has the QSIG adopted a more formal approach in terms of a maintenance of its monthly meeting rhythms and associated operating arrangements**

Through individual discussions with the Clinical Executive Directors, the structure of QSIG meetings was reviewed, and it was agreed that the current monthly schedule for QSIG meetings is appropriate as reducing the frequency could hinder oversight, whilst increasing it would be unmanageable.

In terms of QSIG's associated operating arrangements with regard to quoracy, challenges with Clinical Executive Director attendance were noted. In 3 out of the 6 reviewed QSIG meetings, the number of Clinical Executive Directors required for quoracy i.e. 2 were not present. Whilst it was agreed that the level of quoracy is set appropriately, issues such as holidays, illness and the variable scheduling of meetings attributed to the challenges.

To address attendance issues at QSIG, planning meetings a year in advance and coordinating with administrative staff to ensure alignment of QSIG meetings with other key meetings, such as QSEC and the Board would be key to ensuring the required number of Clinical Executive Directors are available.

The importance of having Deputies and Associate Medical Directors attend when Clinical Executive Directors are unavailable was discussed, as was the need to ensure the right combination of participants, including the Chairs of reporting groups and Corporate function leads, to maintain effective oversight and decision-making.

In terms of QSIG's associated operating arrangements in regard to reporting groups terms of reference, concerns were raised that for the majority of the reporting groups, terms of reference remain outdated or unclear; after six

months, many reporting groups have still not clarified their objectives or outputs, leading to a lack of clarity about their roles and effectiveness.

There is a need therefore to finalise the terms of reference for reporting groups to clarify their aims, standards, responsibilities and escalation reports, and to ensure work plans align to expected standards.

In terms of QSIG's associated operating arrangements in regard to reporting groups reporting frequencies, it was agreed that the current 'ad hoc' reporting arrangement is overwhelming for groups and does not allow for sufficient time for progress to be made between meetings. It is also burdensome in terms of the excessive agenda items it leads to at QSIG, and leads to an increased administrative burden without a corresponding improvement in outcomes. It also means reporting group Chairs need to attend QSIG meetings more often if they are obliged to bring papers each time. A shift back to the agreed 4 monthly cycle, regardless of each reporting groups meeting rhythm, to allow the reporting groups to develop their work plans, collaborate with CCGs and other Corporate functions, and provide more focused, actionable updates to QSIG was therefore advocated, to ensure manageable agendas and to accommodate groups with less frequent meetings avoid gaps in reporting and oversight.

- **Is the overall flow of information improved**

It was noted that combining certain reporting groups that previously provided separate update reports has improved the flow of information and enabled more targeted actions.

- **Has the pace of work/discussion/deliberations increased or been slowed down**

Other than the need to introduce a more regular rhythm for reporting group update reports to QSIG, the review found no evidence to suggest that the pace of work or discussions and deliberations at QSIG have been slowed down since the introduction of the new arrangements.

- **Is there a disproportionate administrative burden compared to the added value**

Through individual discussions with Clinical Executive Directors, the significant administrative workload involved in supporting QSIG and its related governance activities was recognised, noting that capacity constraints and limited administrative support remain challenging.

It was further recognised that the administrative support for QSIG's reporting groups has shifted, with the administrative burden increased due to changes in team responsibilities, leading to less experienced staff supporting the reporting groups and managing the processes involved, which can result in missed updates where reporting group meetings are cancelled or rescheduled.

The need for balance between effective governance and a duty to not overburden staff was recognised, especially as some roles are now add-ons to existing responsibilities.

It is recommended that clarity is sought on the administrative resourcing required to sustain operational governance functions, through discussion at Executive Team.

Recommendations in Relation to QSIG:

- Adopt a Table of Action discipline at QSIG where actions are reviewed and closed at each meeting, rather than placing a reliance on the current Live Action Tracker
- Reinstate outcome letters or action summaries to CCGs and Corporate functions, following QSIG meetings, particularly around escalation.
- Reinforce the previously agreed 4 monthly reporting cycle discipline for QSIG's reporting groups to avoid over and under reporting.
- Introduce a clearer definition of what should be escalated to QSIG from reporting groups within their respective Terms of Reference.
- Develop structured reporting group specific templates incorporating baseline assessments against which the Health Board's position against the required legislation or standards can be measured, identifying how any gaps in achieving compliance can be met, together with the actions being taken forward, by whom and by when.
- Ensure QSIG meetings are scheduled sufficiently in advance and aligned with Clinical Executive Director availability at mutually appropriate/agreeable times to enable quoracy at QSIG to be maintained.
- Ensure all reporting groups review and re-submit by their next reporting period, their revised Terms of Reference to QSIG for approval.
- Ensure use of key performance indicators is triangulated with patient feedback, surveys and patient stories by expanding data use beyond performance metrics into patient experience within Our Safety Dashboard.
- Develop a more structured approach to planning deep dives on QSIG's agenda throughout the year, ensuring that topics are identified and scheduled in advance where possible, while retaining flexibility for emerging issues, as and when these arise.
- Acknowledging that capacity to sustain operational governance functions is an issue, discussion to be held at Executive Team on how support can be provided.

2.2 Integrated Quality, Finance & Performance Delivery Group (IQFPDG) Desktop Review (through the sourcing of IQFPDG's agendas, papers and workplan)

2.2.1 Establish whether a composite 'intelligence' report is presented routinely to IQFPDG, based on the Our Safety Dashboard, the monthly escalation levels for functions for the Quality domain with de-escalation criteria for Clinical Care Groups, and any other concerns or issues related to quality performance with proposed actions for IQFPDG to agree for the CCGs and for them to operationalise any responses required.

Through a desktop exercise undertaken of IQFPDG's agendas, papers and annual workplan, the review sought to establish whether the 'intelligence' from QSIG has been presented to IQFPDG on a monthly basis, providing the context for its quality, health & safety focused meetings, through a Quality and Safety Report.

It was confirmed that this has been the case, with the Quality and Safety Report providing the monthly escalation levels for CCGs and Corporate functions for the Quality domain, and the minimum requirements to reduce escalation levels, as well as the Alert, Advise and Assure items from the most recent QSIG meeting. The only exception to this being the Quality and Safety Report from QSIG to IQFPDG on 22 October 2025 where no Alert, Advise or Assure items were included from QSIG's meeting on 10 October due to unexpected leave; a verbal update was instead provided.

Since IQFPDG was temporarily stood down in January 2026 due to winter pressures, it was agreed to share the Quality and Safety Report directly with Formal Executive Team in the absence of IQFPDG meetings taking place.

2.2.2 Establish whether issues from QSIG's reporting groups and the proposed actions required for IQFPDG to agree for the Clinical Care Groups are incorporated into the composite intelligence report to IQFPDG (3 of the reporting groups' data reported to IQFPDG once every 4 months).

The Quality and Safety Report submitted to IQFPDG sets out the monthly escalation levels for functions for the Quality domain with the de-escalation criteria for CCGs and other Corporate functions and also identifies a summary of matters considered at the previous QSIG meeting.

These matters are set out in a 3As format and reproduce the discussion at the previous QSIG meeting for IQFPDG's consideration, and to agree any actions for CCGs and Corporate functions to undertake.

2.2.3 Establish whether a summary report of the Quality & Safety intelligence is appended to the routine IQFPDG report and presented to Executive Team, to provide an overview of any issues

that needed actions agreed through IQFPDG for Clinical Care Groups to take forward.

A summary report of the Quality & Safety intelligence has routinely been appended to the IQFPDG Update Report to Executive Team, providing an overview of any issues that needed actions agreed through IQFPDG for CCGs to take forward, up until IQFPDG meetings were stood down in January 2026. Since this time, it had been agreed that the Quality & Safety Report would be shared directly with Executive Team in the absence of IQFPDG meetings taking place, however no evidence could be found of this in Formal Executive Team agenda or minutes.

Through interviews conducted with the Chair of IQFPDG (Quality, Health & Safety meetings) the following questions were posed:

- **Is there an appropriate level of discussion at IQFPDG on the Quality & Safety Intelligence Report (i.e. is there sufficient time allocated on IQFPDG's agenda for this item, is the depth of discussion commensurate with the issues involved)**

The review noted that whilst the detail within the Quality & Safety Report correlates with the issues raised within the CCG 3As update reports, the Quality & Safety Report is placed on the agenda following the individual CCG and Corporate functions 3As reports and it is suggested that by placing it in front of these reports would provide for the necessary context.

- **How does the data/intelligence from the Quality & Safety Intelligence Report triangulate with the 3As Assurance Reports from the CCGs IGG (QHS) meetings**

As above, much of what is contained within the Quality & Safety Report has also been raised by the CCGs in their 3As update reports to IQFPFDG.

- **Is there evidence to confirm that the responses required to address concerns or issues related to quality performance are appropriately being addressed by CCGs i.e. is there buy in from the CCGs**

One of the purposes behind establishing IQFPDG was to facilitate cross-organisational learning across CCGs and other Corporate functions, and to provide a forum for shared discussions and cross-pollination of insights and ideas with the aim of avoiding siloed solutions.

The CCG Service Directors and Assistant Directors of Nursing, Quality and Experience/Assistant Director of Quality, Safety and Experience present at IQFPDG meetings should be directly informed of the quality & safety issues within their specific areas in order that the service could then operationalise any responses that may be required.

The role of IQFPDG is currently under review, however the absence of a forum where CCG Service Directors and Assistant Directors of Nursing, Quality and Experience/Assistant Director of Quality, Safety and Experience are present could re-create silos, reduce cross-group information and risk pertinent information bypassing the Chief Operating Officer and other Executive Directors present at IQFPDG.

IQFPDG plays an important role in ensuring quality and safety issues do not reach Executive Directors without sufficient operational input, or indeed QSEC, as 'surprises'.

- **Are the indicators showing an improving position – too soon to tell or to attribute to the new governance arrangements**

Whilst some improvement trajectories have been observed, it is recognised that seasonal/winter pressures have served to impact consistency. It is therefore too early to tell whether these improvements can be attributed to the new arrangements in place.

- **Is there any subsequent discussion at Formal Executive Team on the Quality & Safety Intelligence Report appended to the IQFPDG Update Report**

Whilst a summary report of the Quality & Safety intelligence had been agreed to be appended to the IQFPDG Update Report to Executive Team, no evidence could be found of this, or any discussion, in Executive Team's agenda or minutes.

Recommendations in Relation to IQFPDG:

- Ensure the Quality & Safety Report is placed on IQFPDG's agenda in front of the individual CCG and Corporate functions 3As reports to provide for the necessary context.
- To reinstate the sharing of the Quality & Safety Report with Formal Executive Team directly in the absence of IQFPDG meetings, or append to the IQFPDG Update Report to Formal Executive Team when IQFPDG meetings are taking place.
- Dependent upon the outcome of the review of IQFPDG, consideration to be given to how the necessary cross-group information will be addressed in any new governance arrangements proposed.

2.3 Quality, Safety & Experience Committee (QSEC)

Desktop Review (through sourcing of QSEC's agendas, papers and workplan)

2.3.1 Establish whether the 6 CCG (and Public Health) Quality Reports are being received in appropriate rotation and at appropriate intervals at QSEC.

Through a desktop exercise undertaken of QSEC's agendas, papers and annual workplan the review sought to establish whether the following revised

arrangements as articulated in the 'Proposed Quality & Safety Governance Arrangements Report' to QSEC in August 2025, had been effectively implemented:

In addition to the Quality Assurance report, QSEC are to receive a six monthly assurance report from each CCG, and Public Health, on their quality governance arrangements to enable QSEC to gain assurance direct from each CCG.

From the desktop review undertaken, the following 3 CCG assurance reports were presented to QSEC at its meeting on 4 December 2025:

- Community & Integrated Medicine CCG
- Allied Health Professions & Health Science CCG, and
- Planned & Specialist Care CCG

Only one CCG assurance report was presented to QSEC at its meeting on 13 February 2026, from Estates & Facilities. Both the Mental Health & Learning Disabilities CCG and Public Health had been plotted onto QSEC's 2025/26 Workplan for 13 February 2026, however it was agreed to defer these during agenda setting as the February QSEC agenda was considered too full.

From QSEC's 2026/27 Workplan, CCG assurance reports have been plotted three times a year rather than the proposed 6 monthly as follows:

- Mental Health & Learning Disabilities; Estates & Facilities; Public Health – 11 June 2026, 9 October 2026 and 9 February 2027 QSEC meetings.
- Community & Integrated Medicine, Allied Health Professions & Health Science, Planned & Specialist Care - 9 April 2025, 11 August 2025 and 3 December 2025.

2.3.2 Establish whether a quality assurance report is reported routinely to QSEC, drawing out the key issues from the intelligence provided for the reporting groups (3 times per year) and any alert and advise items from the Clinical Care Group 3As reports with the agreed plan of action to address these.

From the desktop review undertaken, a Quality & Safety Assurance Report has been submitted to QSEC at each of its three meetings held on 9 October 2025, 4 December 2025 and 4 February 2026, where QSEC was asked to take assurance that processes are in place to review, monitor and improve the quality of the Health Board's services through Patient Safety Incidents, Nationally Reported Patient Safety Incidents, Duty of Candour, Patient Experience, Complaints Management, Public Services Ombudsman for Wales Annual Letter, Infection Prevention and Control, Inspections and Peer Reviews including the activity of Healthcare Inspectorate Wales (HIW).

However, the report does not include the key issues from the intelligence provided for QSIG's reporting groups nor any alert and advise items from the Clinical Care Group and Corporate functions 3As reports with the agreed plan of action to address these.

Following the presentation of, and discussion on, the key highlights from each report, QSEC received assurance at each of its three meetings that processes are in place to review, monitor and improve the quality of Health Board services through the various mechanisms outlined within the Quality Assurance Report, with the exception of the key issues from the intelligence provided for QSIG's reporting groups and any alert and advise items from the Clinical Care Group and Corporate functions 3As reports with the agreed plan of action to address these.

Areas requiring immediate assurance i.e. areas that were flagged in the most recent report to IQFPDG (and to the Senior Nurse Management Team) from CCGs and QSIG's reporting groups, were included within the Quality & Safety Assurance Report to QSEC.

2.3.3 Establish whether this Quality Assurance Report also provides an assurance on the work involved, including an assurance on QIA Panels, and the actions agreed at IQFPDG to improve quality and safety, compliance, etc, as well as the escalation levels for the Quality domain and any agreed actions and responses required.

As above, the Quality Assurance Report does not include the key issues from the intelligence provided for QSIG's reporting groups (including the QIA Panel) nor any alert and advise items from the Clinical Care Group 3As reports with the plan of action to address these as agreed at IQFPDG.

2.3.4 Establish whether routine 6 monthly assurance reports are received at QSEC in respect of safeguarding and infection prevention & control.

From the desktop review undertaken, Safeguarding and Infection Prevention & Control assurance reports were both due to be received at QSEC's meeting in February 2026, however only the Safeguarding Assurance Report was received; it was agreed to stagger these two assurance reports given both were to be written by the same reporting author and it was agreed it would be too much to cover. With the Chair's agreement, the Infection Prevention & Control assurance report was deferred until QSEC's meeting in April 2026.

From the Safeguarding Report received at QSEC in February 2026, the Committee was provided with detailed information on compliance with statutory safeguarding requirements and asked to receive an assurance on the Health Board's safeguarding arrangements and the current activity, key developments, and actions underway to strengthen compliance with statutory safeguarding requirements.

Both assurance reports have been plotted on QSEC's 2026/27 workplan three times a year rather than the proposed 6 monthly i.e. at every other QSEC meeting, as follows:

- Infection Prevention & Control in April 2026 August 2026 and December 2026
- Safeguarding in June 2026, October 2026 and February 2027

Through interviews conducted with the QSEC Chair, the following questions were posed:

- **Are the revised quality & safety governance arrangements in place since September 2025 working better than the arrangements previously in place**

Through discussion with the Chair of QSEC, it was confirmed that the new arrangements are an improvement over those previously in place whilst acknowledging that some areas still require improvement, offering more structure and direction for the Committee and Board, and prompting Committee members to consider more carefully those actions or responses that are required through the QSEC 3As Report submitted to Board.

It was recognised that the intention behind the revised arrangements had been to help the Board understand what is important and to provide direction back to the Committee, which it was agreed has been achieved to a greater extent than previously.

- **Are the new arrangements reducing the number of ‘surprises’ reported to the Committee**

Through discussion with the QSEC Chair, it was acknowledged that the previous arrangements often led the Committee into operational detail at too early a stage, however the revised arrangements in place have reduced the need for unnecessary alerts and have served to improve clarity.

- **Are the new arrangements focusing on reporting impacts and outcomes**

Through discussion with the QSEC Chair, there was a general confidence in the Committee’s ability to receive assurance regarding compliance with standards and the effectiveness of reporting from subgroups, however areas were highlighted where reporting could be strengthened, especially regarding outcomes and impacts where it was noted that the information provided can be variable and not always proactively driven. It was suggested that the Committee could benefit from a more prominent or clearer action summary within the reports presented.

Additionally, it was noted that the Quality and Safety Assurance Report is often placed towards the end of QSEC’s meeting agenda, leading to the potential for it to be skimmed over/overlooked. The importance of effective agenda setting to ensure that sufficient time is allocated to key topics and to ensure that meetings do not run out of time for important items placed at the end of the agenda is therefore recommended.

In terms of CCG assurance reports, concerns were raised that reports can be of variable quality; some are defensive or lack clarity or necessary insight, and do not always provide the necessary information on outcomes and impacts and need improving in order to better assure the Committee. Others however are more reassuring, however overall this indicates an inconsistency in reporting maturity across the organisation and therefore the Committee cannot be fully assured by the reporting groups' outputs.

- **Is the Committee's oversight of quality & safety improved**

Through discussion with the QSEC Chair, it was agreed that the revised arrangements lend themselves to the Committee remaining more strategic and avoid it becoming drawn into operational detail which had been the case previously with the former Sub-Committee structure. However, in order to maintain strategic focus, there will be a need to continue emphasising strategic oversight to avoid the Committee being drawn into operational detail.

It was noted that the 3As framework has helped less experienced Independent Members understand the difference between being assured i.e. with evidence, and being reassured i.e. by statements, which has improved the quality of oversight.

The value of deep dive sessions for the Committee, including extraordinary deep dive sessions, was also discussed with the QSEC Chair, with it agreed that these are particularly effective for gaining a thorough understanding of issues as they allow for more detailed discussion than is possible in regular meetings, however the time required for these sessions can be a challenge for Independent Members given their other commitments.

- **Is there sufficient first, second and third line assurance from the reports received at QSEC**

Through discussion with the QSEC Chair, it was agreed that the Committee generally receives assurance regarding compliance with legislation, regulation, etc, with the Director of Nursing, Quality & Patient Experience credited for maintaining a strong grip on quality and standards.

Application of the 3As template in Committee reporting was discussed, and while the Chair acknowledged its usefulness, the need for nuancing in terms of distinguishing between assurance of process and assurance of outcome was recognised. It was acknowledged that the Committee can sometimes be assured by the process although not necessarily by the outcome, and that while the 3As framework allows for this distinction, it can make reporting more complex.

- **Is there any duplication in the papers received at QSEC**

Through discussion with the QSEC Chair, it was noted that while duplication within QSEC papers is no longer a significant issue, having reduced due to

the revised arrangements in place, similar papers are often submitted to different Committees. Going forward it would be important to draw out from these papers the specific relevance for each Committee and to tailor these in order to avoid unnecessary repetition.

- **Are there any perceived gaps**

Through discussion with the QSEC Chair, it was understood that while the new arrangements are working more effectively, there are still gaps, particularly in terms of walkabout intelligence and assurance flow. Whilst walkabouts provide useful context, there is uncertainty about whether all walkabout observations and intelligence is consistently captured and fed back to QSEC.

Ways could also be explored to provide relevant briefing information to non-QSEC members prior to quality and safety walkabouts, especially regarding specific concerns or service changes.

Recommendations in Relation to QSEC:

- Reinforce the previously agreed 6 monthly reporting cycle discipline for CCG and Public Health assurance reports on QSEC's agenda.
- Include within the Quality & Safety Assurance Report to QSEC the key issues from the intelligence provided for QSIG's reporting groups and any alert and advise items from the CCG and Corporate functions 3As reports with the agreed plan of action to address these as discussed at IQFPDG.
- Reinforce the previously agreed 6 monthly reporting cycle discipline for Safeguarding and Infection Prevention and Control assurance reports on QSEC's agenda.
- Address concerns regarding the variability and content of CCG and Public Health assurance reports by introducing a more prominent and clearer action summary within these reports to QSEC.
- Place the Quality and Safety Assurance Report nearer the beginning of QSEC's meeting agenda to avoid late-meeting fatigue and to ensure sufficient time is allocated to its discussion.
- Explore a light-touch mechanism for capturing and feeding walkabout insights when formal note-taking is unavailable.



REVIEW OF THE EFFECTIVE IMPLEMENTATION OF THE REVISED QUALITY & SAFETY GOVERNANCE ARRANGEMENTS INTRODUCED SEPTEMBER 2025 – ACTION PLAN

RECOMMENDATION QSIG	ACTION	LEAD	TIMESCALE	PROGRESS
Adopt a Table of Action discipline at QSIG where actions are reviewed and closed at each meeting, rather than placing a reliance on the current Live Action Tracker.	Introduce the QSIG Live Action Tracker as a standard agenda item on QSIG's agenda.	CS	April 2026	
Ensure all reporting groups review and re-submit by their next reporting period their revised Terms of Reference to QSIG for approval.	Ensure that all Reporting Group Chairs review their Terms of Reference for QSIG at their next reporting period for approval.	CS	April 2026	
Reinforce the previously agreed 4 monthly reporting cycle discipline for QSIG's reporting groups to avoid over and under reporting.	Plot on QSIG's Annual Workplan QSIG Reporting Group Update Reports at 4 monthly intervals	CS	April 2026	
Develop structured reporting group specific templates incorporating baseline assessments against which the Health Board's position against the required legislation or standards can be measured, identifying how any gaps in	Develop a bespoke reporting group template to QSIG incorporating baseline assessments against which the Health Board's position can be measured, to identify any gaps in compliance and the actions required to address these.	CS	May 2026	

RECOMMENDATION QSIG	ACTION	LEAD	TIMESCALE	PROGRESS
achieving compliance can be met, together with the actions being taken forward, by whom and by when.				
Ensure QSIG meetings are scheduled sufficiently in advance and aligned with Clinical Executive Director availability at mutually appropriate/agreeable times to enable quoracy at QSIG to be maintained.	Liaise with Clinical Executive Director PAs to ensure alignment of QSIG meetings with availability and other key meetings such as QSEC and the Board.	CS	April 2026	
Ensure use of key performance indicators is triangulated with patient feedback, surveys and patient stories by expanding data use beyond performance metrics into patient experience within the Our Safety Dashboard.	Triangulate the key performance indicators and metrics within the Our Safety Dashboard with patient feedback, surveys and patient stories in order to expand data use beyond performance metrics.	CS	May 2026	
Reinstate outcome letters or action summaries to CCGs and Corporate functions, following QSIG meetings, particularly around escalation.	Re-introduce 'outcome letters' to CCGs and Corporate functions following discussion at QSIG to follow up on any action required within their respective services.	CS	April 2026	
Develop a more structured approach to planning deep dives on QSIG's agenda throughout the year, ensuring that topics are identified and scheduled in advance where possible, while	Plot on QSIG's Annual Workplan topics for deep dives throughout the year which are structured, balanced, and aligned to the quality and safety agenda.	SD/CS	May 2026	

RECOMMENDATION QSIG	ACTION	LEAD	TIMESCALE	PROGRESS
retaining flexibility for emerging issues, as and when they arise.				
Introduce a clearer definition of what should be escalated to QSIG from reporting groups within their respective Terms of Reference.	Revise the QSIG Reporting Group Terms of Reference template to include a clear definition of what should be escalated to QSIG.	CG Team	April 2026	
Acknowledging that capacity to sustain operational governance functions is an issue, discussion to be held at Executive Team on how support can be provided.	Discuss how the administrative resource required to sustain operational governance functions can be provided.	Exec Team	May 2026	

RECOMMENDATION IQFPDG	ACTION	LEAD	TIMESCALE	PROGRESS
Ensure the Quality & Safety Report is placed on IQFPDG's agenda in front of the individual CCG and Corporate functions 3As reports to provide for the necessary context.	Introduce the Quality & Safety Report ahead of the individual CCG and Corporate functions 3As reports on IQFPDG's agenda.	HM	April 2026	
To reinstate the sharing of the Quality & Safety Report with Formal Executive Team directly in the absence of IQFPDG meetings, or append to the IQFPDG Update Report to Formal Executive Team when IQFPDG meetings are taking place.	Share the Quality & Safety Report to IQFPDG with Formal Executive Team	HM/JJ	April 2026	
Dependent upon the outcome of the review of IQFPDG, consideration to be given to how the necessary cross-group information will be addressed in any new governance arrangements proposed.	Address cross-group information within any new governance arrangements proposed to avoid silo working.	Exec Team	May 2026	

RECOMMENDATION QSEC	ACTION	LEAD	TIMESCALE	PROGRESS
Include within the Quality & Safety Assurance Report to QSEC the key issues from the intelligence provided for QSIG's reporting groups and any alert and advise items from the CCG and Corporate functions 3As reports with the agreed plan of action to address these as discussed at IQFPDG.	Add the key issues from the intelligence provided for QSIG's reporting groups and any alert and advise items from the CCG and Corporate functions 3As reports with the agreed plan of action to address these as discussed at IQFPDG into the Quality & Safety Assurance Report to QSEC.	CS	June 2026	
Place the Quality & Safety Assurance Report nearer the beginning of QSEC's meeting agenda to avoid late-meeting fatigue and to ensure sufficient time is allocated to its discussion.	Introduce the Quality & Safety Assurance Report earlier onto QSEC's agenda.	KL	June 2026	
Reinforce the previously agreed 6 monthly reporting cycle discipline for CCG and Public Health assurance reports on QSEC's agenda.	Plot on QSEC's Annual Workplan CCG and Public Health Assurance Reports at 6 monthly intervals.	KL	April 2026	
Address concerns regarding the variability and content of CCG and Public Health assurance reports by introducing a more prominent and clearer action summary within these reports to QSEC.	Include within the CCG and Public Health Assurance Reports template a more prominent and clear action summary.	CS	June 2026	

RECOMMENDATION QSEC	ACTION	LEAD	TIMESCALE	PROGRESS
Reinforce the previously agreed 6 monthly reporting cycle discipline for Safeguarding and Infection Prevention and Control assurance reports on QSEC's agenda.	Plot on QSEC's Annual Workplan Safeguarding and Infection Prevention and Control Assurance Reports at 6 monthly intervals	KL	April 2026	
Explore a light-touch mechanism for capturing and feeding walkabout insights into QSEC when formal note-taking is unavailable.	Implement a mechanism to enable feedback submission from those involved with walkabouts to ensure consistent reporting to QSEC.	SD	June 2026	

Key

CS Cathie Steele
AC Andrew Carruthers
KL Katie Lewis

SD Sharon Daniel
HM Helen Mitchell

CG Team Corporate Governance Team
JJ John Jenkins