



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 October 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality, Safety and Experience Committee (QSEC) Self-Assessment Exercise 2022
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Ms Anna Lewis, QSEC Chair Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Karen Richardson, Corporate & Partnership Governance Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to present to the Quality, Safety and Experience Committee (QSEC), the Self-Assessment template intended for use to assess the Committee's effectiveness during the previous 12 months, in order to consider any amendments or omissions to ensure it remains fit for purpose for the Committee's annual self-assessment exercise.

Cefndir / Background

In line with all Board level Committees' Terms of Reference, Members and In Attendance Members of the QSEC are required to complete an annual questionnaire to consider the Committee's effectiveness in providing assurance to the Board throughout the preceding year, and also to consider their individual understanding, role and contribution to the Committee.

Asesiad / Assessment

For this year's annual self-assessment exercise, it is intended to use the self-assessment questionnaire template attached. The questionnaire has been constructed and focused to elicit narrative rather than tick-box rating, inviting ideas and examples to generate valuable learning, upon which the Committee can build and improve proactively over the coming year.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is requested to consider the proposed self-assessment questionnaire template and support its use.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	QSEC Self-Assessment Questionnaire QSEC Terms of Reference Published guidance from the Good Governance Institute
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Chair of QSEC Director of Nursing, Quality & Patient Experience Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable

Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

QSEC Self-Assessment 2022

Draft Format for Consideration

The vision for this self-assessment exercise is to generate valuable learning, upon which the Committee can build and improve proactively over the coming year. In order to achieve this, we want to elicit the *collective wisdom* of the Committee's participants. As such, the questions focus on gathering thoughts and ideas about how the Committee functions and how it might improve. They do not cover areas of enquiry which can be settled by a simple audit (e.g. meeting frequency, membership, attendance, existence of Terms of Reference and so on).

Intentionally, we have constructed and focused the questions to elicit narrative rather than tick-box rating. Each question begins with a statement which sets out 'what good looks like'. We could describe these domains as the building blocks of effective assurance. Respondents are then asked to provide examples and ideas in relation to the relevant domain.

This is an approach to self-assessment that was piloted for 2019/20 and in light of the positive feedback received, it has been maintained.

Questions

1. The Committee amplifies the **voice of the patient, carer and family** in all that it does. It constantly seeks to strengthen the ways in which it achieves this, challenging itself to avoid tokenism, welcome contributions, engage with criticism and account for and learn from failings.

Please describe at least one example from the previous 12 months in which the Committee has been effective in this domain.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

2. The Committee works **strategically**. This means it aligns its work with the Health Board's overarching strategic priorities and delivery plans. It commissions reviews in support of those priorities, providing the Board with the assurance necessary to have confidence in its ability to deliver.

Please describe at least one example from the previous 12 months in which the Committee has been effective in this domain.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

3. The Committee works **systemically**. This means it works effectively with the Board, other Board Committees, its sub-committees and other relevant parts of the organisation's governance and assurance system, in order to ensure that we spot connections and themes which have an impact on quality, safety and experience. It guards against silo working. It gives balanced and meaningful 'air time' to the full range of the Health Board's service portfolio.

Please describe at least one example from the previous 12 months in which the Committee has been effective in this domain.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

4. The Committee works **intelligently**. This means it draws on a diverse range of reliable data (both quantitative and qualitative) to triangulate information and reveal themes or patterns which tell a story about quality, safety and experience. It uses a dashboard of key quality indicators to inform improvement. This relies on accurate interpretation of the data, which requires skill from both the providers and readers of the data.

Please describe at least one example from the previous 12 months in which the Committee has been effective in this domain.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

5. The Committee facilitates **learning**. This means it works openly and honestly, encouraging contributions from attendees which are a fair and reasonable reflection of the realities faced in clinical services. The Chair sets the leadership tone and is supported by other Independent Members and the Executive to hold this learning space. The style is one of high support/ high challenge.

Please describe at least one example from the previous 12 months in which the Committee has been effective in this domain.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

6. The Committee champions **continuous improvement**. This means it adopts an improvement mindset, as well as methodologies, which enable it to lead and oversee a clear journey of improvement. It is underpinned by a robust quality management system, and it is QI literate. It expects stretching yet realistic progress, and will readily challenge deviation from this.

Please describe at least one example from the previous 12 months in which the Committee has been effective in this domain.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

7. The Committee works **proactively**. This means it is organised in its workplan, sensitive to the dynamic environment in which the Health Board operates, and searching in its enquiries. It is curious, and willing to pursue demanding issues in the interests of excellent patient care. It uses the organisation's risk management processes effectively to scrutinise risks and ensure that longstanding risks and issues do not become normalised or tolerated beyond the Board's risk appetite.

Please describe at least one example from the previous 12 months in which the Committee has been effective in this domain.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

8. Finally, are there any domains of effective assurance which you think are not covered above? What are they? For that/ those missing domain/s.....

Please describe at least one example from the previous 12 months in which the Committee has been effective in this domain.

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Extraordinary question specifically relating to COVID-19

The Committee has sought to play a proactive role in the COVID-19 response, specifically in terms of assurance around the quality, safety and experience risks and implications arising from it. It has made a range of adjustments to reflect the rapidly changing circumstances that the Health Board has faced. In your view:

1. What went well?
2. Even better if...?
3. What learning points should we take with us post-COVID?

Thank you for taking the time to respond. If you would like to have a conversation to share your views in more depth, please contact Anna Lewis (QSEC Chair) via her email: anna.lewis3@wales.nhs.uk.

Sources used to inform this format:

- QSEC Handbook 2019
- QSEC Terms of Reference 2022
- Published guidance from the Good Governance Institute