



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

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 13 February 2025 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Quality, Safety and Experience Committee (QSEC) Self-Assessment Outcome Report 2024/25 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Anna Lewis, QSEC Chair Sharon Daniel, Interim Director of Nursing, Quality, and Patient Experience |
| SWYDDOG ADRODD: REPORTING OFFICER: | Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to present the outcome of the Quality, Safety and Experience Committee (QSEC) Self-Assessment 2024/25 process to the Committee.

Cefndir / Background

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

A short digital form was issued to members and in-attendance members which requested feedback on the following areas:

- Governance and administration
- Committee's inputs
- Conduct of Committee meetings
- Interface with other Committees, including the Board
- Committee's impact
- Individual role on Committee

With only 4 responses received, the response rate was low, making it difficult to assess the committee's effectiveness during this period. It is acknowledged that further improvements may be necessary.

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

- Matters escalated to the Board
- IM Reflective sessions

- Auditor/Regulator feedback

The QSEC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better.

Asesiad / Assessment

The QSEC Chair and Lead Director met to consider the responses from the digital form, completed by Committee members, along with feedback from auditors/regulators and other intelligence on how the Committee currently operates.

The below analysis was based on responses from the digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates:

What we want to continue to do next year

- Committee's governance and administration (however needs more strategic focus)
- Good clinical and multi-disciplinary representation
- Time spent on right items
- Compassionate challenging evident
- Cross-referral/collaborative working strengthened between Committees
- Committee Chair provides clear and concise information to the Board on the activities of the Committee and the implication of all identified gaps in assurance and/or control.
- Effective chairing, conducive to open and productive debate, general agreement that IMs effectively manage boundary between scrutiny and operational involvement
- Most respondents felt the Committee had driven improvements in quality on specific matters during the year, e.g. Same Day Emergency Care (SDEC), Clinical Services Plan (CSP)
- All respondents felt equipped to undertake their role on the Committee
- Committee Chairs meetings have improved better cross sharing of issues/matters and identification of common themes

What we want to change going forward

- Not all members agreed that the Committee was paying attention to both short-term priorities and longer-term needs, aligned to HDdUHB's strategic objectives
- Concerns that operational arrangements are not sufficiently robust to ensure full sightedness on all QSE matters
- Papers and their presentation are still too operational and focussed on service delivery and process, and are less likely to contain information about impacts, outcomes, risks and mitigations, outcome measurements or improvement over time, not clear on STEEP objectives
- About half of respondents felt that the voice of the patient could be stronger in papers
- Only a quarter of respondents indicated that Independent Members manage their boundary between scrutiny and operational involvement/detail effectively
- Only a quarter of respondents reported that the Board does not provide sufficient scrutiny and challenge to the Committee and provide feedback where appropriate on areas that raised to its attention
- A quarter of respondents raised concerns relating to the quality of TI reporting as headline data is provided rather than root causes or complex systemic challenges which underpin performance - more focus on TI areas that have deteriorated

- How the Committee can demonstrate that it has driven improvements in quality on specific matters during the year
- Completing outstanding actions from last year's Committee self-assessment process
- Presenters reading through the full report and not just highlighting the key points
- Challenge from Executive Directors could be stronger

QSEC priorities for 2025/26

On governance:

1. Strengthen an intelligence-led approach to committee business, using defined QSE metrics to understand the outcomes and impact of the organisation's improvement efforts.
2. Clarify whether matters are being presented to the committee for oversight/scrutiny or escalation and in turn do the same when presenting QSEC papers to the Board.
3. Maintain the improved focus on relevant risks as captured in the risk register and guard against the normalisation of longstanding issues which, by definition, cannot be satisfactorily assured within agreed tolerance.

On service developments including access:

4. Provide oversight of all Board-approved service developments from a QSE perspective, testing the QSE impact using a variety of metrics.
5. Provide regular scrutiny of the implementation of the Improvement Strategic Framework (2023-26).
6. Increase the focus on the experience of people who are waiting to access services and any associated harm, both for planned and unscheduled care.

On strategic outcomes:

7. Be purposeful in shifting the committee's focus to include wider concerns around population health & long term impact, aligned to the organisation's ambition for a social model of health.

Actions to be taken forward:

The following actions will be taken forward by the Director of Corporate Governance/Board Secretary:

| Action | By whom | By when |
|--|---|----------------|
| To ensure there is better alignment on QSEC agendas to the strategic objectives of the Health Board in terms of improving quality and long term impacts for the population (<i>Priority 7</i>) | Director of Nursing, Quality, and Patient Experience | Apr 25 |
| To review the QSEC sub-committee structure following the review of operational governance arrangements to ensure there is full sightedness on all QSE matters ('no surprises') (<i>Priority 2 & 3</i>) | Director of Quality, Safety and Patient Experience | Feb-25 |
| To strengthen both the mindset for good governance and the technical skills of operational leaders as part of the implementation of the Operational Governance Structure and new training programme for new managers in the Health Board, to ensure that the patient voice/STEEEP is reflected in all dialogue (incl. reports) at QSEC. A series of masterclass workshops on a variety of topics will be put in place to support leaders to operate in accordance with the requirement o the Committee (<i>Priority 1, 2, 3 & 6</i>) | Chief Operating Officer/Director of Quality, Safety and Patient Experience/ Director of Corporate Governance | Apr 25 |
| | | |

| | | |
|--|---|--------------------|
| To identify, through all of the UHB's QSE intelligence infrastructure, TI areas that have deteriorated for deep dive reports to provide assurance that root causes or systemic challenges of issues are being addressed (<i>Priority 1</i>) | Director of Nursing, Quality, and Patient Experience | Ongoing |
| To embed the new learning framework to contribute to an intelligence-led approach to committee business (<i>Priority 3</i>) | Director of Nursing, Quality, and Patient Experience | Mar 26 |
| To ensure, through the use of metrics, oversight of all Board-approved service developments from a quality, safety and experience perspective through (<i>Priority 4 & 6</i>) | Chief Operating Officer | Throughout 2025/26 |
| To receive regular reports on the implementation of the Improvement Strategic Framework (2023-26) (<i>Priority 5</i>) | Director of Nursing, Quality, and Patient Experience | Throughout 2025/26 |
| Further focus through Board Development for the below areas: -Independent Members effectively managing the boundary between scrutiny and operational involvement/detail effectively during Committee discussions. -the Board providing sufficient scrutiny and challenge to the Committee and provide feedback where appropriate on areas that raised to its attention -Increasing challenge from Executive Directors at Committees (<i>Priority 1, 2 & 3</i>) | Director of Corporate Governance/Director of Workforce & OD | Jun 25 |
| To ensure the priorities for 2025/26 are considered when setting agenda and requesting papers | Director of Nursing, Quality, and Patient Experience | Apr 25 |
| Pilot the use of a short end-of-meeting Menti to gather real time feedback for immediate and ongoing improvement in committee effectiveness. | Director of Corporate Governance | Apr 25 |
| Explore the inclusion of a 'critical friend' in one or more of the committee meetings to offer a fresh perspective on strengths and 'blind spots'. | QSEC Chair/ Director of Corporate Governance | Jun 25 |

Argymhelliad / Recommendation

The Quality and Safety Committee is asked to consider the outputs from the Committee Self-Assessment process, and to agree the actions to be taken to improve its effectiveness.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees

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

Gwybodaeth Ychwanegol:

Further Information:

| | |
|---|---|
| Ar sail tystiolaeth: Evidence Base: | QSEC Terms of Reference QSEC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment and Internal Audit reports |
| Rhestr Termâu: Glossary of Terms: | Included within the report |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee: | QSEC Chair Director of Corporate Governance/Board Secretary |

Effaith: (rhaid cwblhau)

Impact: (must be completed)

| | |
|---|-------------------|
| Ariannol / Gwerth am Arian: Financial / Service: | No direct impacts |
|---|-------------------|

| | |
|--|-------------------|
| Ansawdd / Gofal Claf: Quality / Patient Care: | No direct impacts |
| Gweithlu: Workforce: | No direct impacts |
| Risg: Risk: | No direct impacts |
| Cyfreithiol: Legal: | No direct impacts |
| Enw Da: Reputational: | No direct impacts |
| Gyfrinachedd: Privacy: | No direct impacts |
| Cydraddoldeb: Equality: | No direct impacts |