



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 February 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality, Safety and Experience Committee (QSEC) Self-Assessment Outcome Report 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Ms Anna Lewis, QSEC Chair Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Jo Wilson, Director of Corporate Governance/Board Secretary

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 to the Quality, Safety and Experience Committee (QSEC) the outcome of the QSEC Self-Assessment 2023/24 process.

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 refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability. For QSEC, this involved:

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

- A facilitated, in-person workshop to reflect on 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.

This was then used to enable a discussion on developing the Committee governance in the next 12 months and what it needed to:

- start doing,
- stop doing, and
- continue doing,

and what actions it would need to take to make this happen.

Asesiad / Assessment

The Chair of QSEC facilitated a workshop on 22 November 2023 which was attended by Independent Members and Executive Director Members of QSEC. As outlined above, this considered the Committee effectiveness over the previous 12 months, considered the health Board's current context and challenges, and agreed areas to be prioritised over next 12 months.

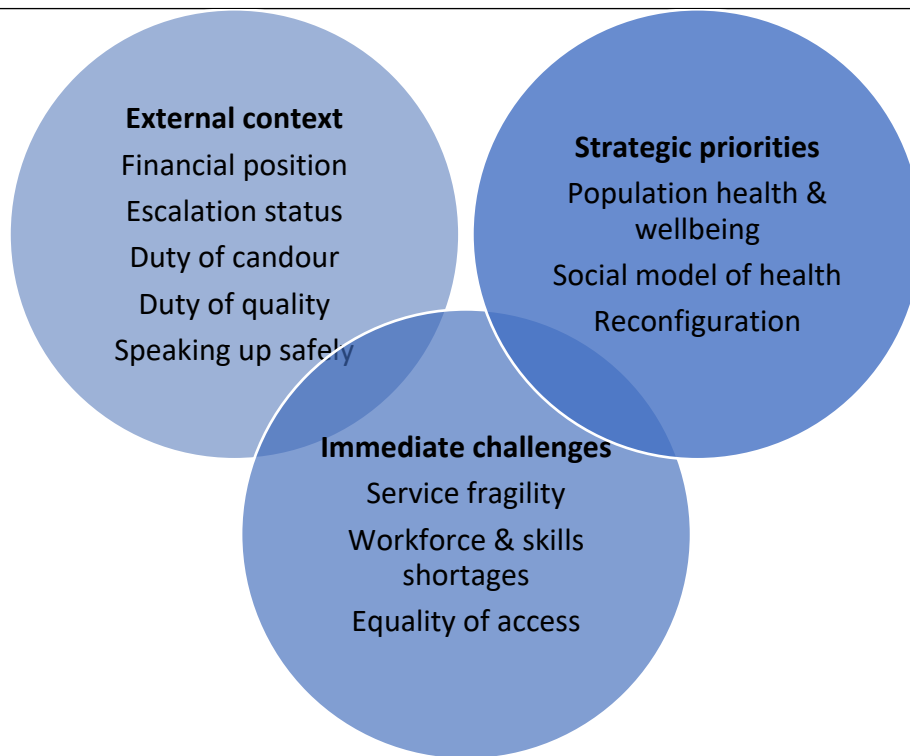
Look back at Committee's effectiveness over previous 12 months...

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:

We are really good at...	We are less good at...
<ul style="list-style-type: none"> ● The governance and administration of the Committee. ● Support from EDs/Deputies, reflective of multi-disciplinary teams, understanding of risks. ● Chairing, open and productive debate, managing boundary between IM scrutiny and operational involvement. ● Informing the Board of its activities and receiving sufficient scrutiny/challenge/feedback. ● Using private meetings appropriately. ● Shining a light on specific issues and making an impact over last 12 months - Therapies, Health Visiting, GGH A&E, MH&LD, CAMHS, IPC, Quality Management system, EQLiP projects, commissioning for quality, risk profile, hearing the patient/staff voice, fragile services. 	<ul style="list-style-type: none"> ● Focusing reports on quality impact, delivery, outcomes and assurance (less operational and performance detail) and triangulating data in reports (patient feedback and voice, experience, risks, etc). ● Focusing on key matters when presenting papers. ● Being clear on the mutual expectations between board and committees. ● Having good clinical engagement (inc from operational teams). ● Operational quality governance/ QQSESC. ● Making an impact in a couple of specific areas – the level of assurance progressing HIW recommendations & the impact on patient safety and experience from waiting list delays.

Current context and challenges...

In order to set priorities for the next 12 months, it is important to understand the current challenges and what is being asked of the Health Board. These are set out below:



Setting the ambition for the next 12 months...

The following themes emerged from the group work when groups were asked to identify priorities for next 12 months:

- Clear purpose – clarity on purpose.
- Outcomes focussed – papers need to be focussed on delivery, impact and outcomes using triangulated data to evidence system is working.
- Patient voice – need to follow the patient journey through the pathway/system.
- Governance including operational governance – more effective quality governance at operational level.
- Clinical Leadership – Clinical Executive and widening to triumvirates.

In order to focus on the above priorities, we are going to...

...Start...

- strengthening clinical leadership at Committee meetings with attendance from the Clinical Executive - Medical Director, Director of Nursing, Quality and Patient Experience and Director of Therapies and Health Sciences, as well as inviting Triumvirate teams to attend for specific items.
- proactively taking time to consider purpose / outcomes / priorities.
- gathering more intelligence on patient voice and experience (bringing the voice to life).
- helping people present (clear on clarity and purpose, increased time for questions and reduced time for presenting)
- being explicit on what the Board's requirements are; honesty, approachable, how committees work, encourage to be open, escalation to Board.
- reviewing the report template and guidance to assist authors on producing outcome focussed reports that are simple and get to the point.
- providing coaching narrative to report presenters.

...Stop...

- papers not focussed on quality and safety (Q&S).

- performance papers
- Virtual meetings where possible
- Update papers and let the Directorate Improving Together Sessions take forward operational matters.

...Continue...

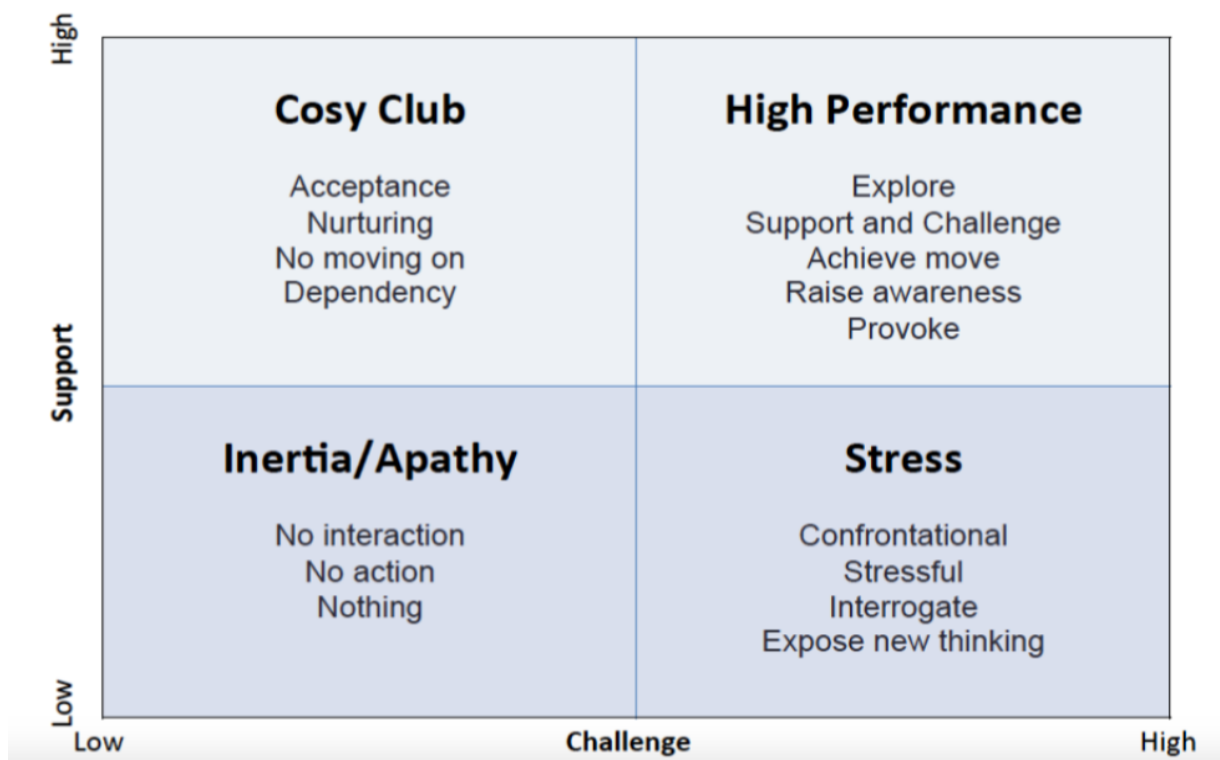
- to reinvigorate committee etiquette.
- to help presenters.
- the culture that has developed over the last few years in the committee which has improved.
- to cross referencing reports back to goals and objectives, to continue direction of travel.

How are we going to make these happen...

Changing behaviours

It is essential that the Board, through its committee structure, is working effectively and cohesively, as a team to discharge its role and functions, including providing the collective leadership that is required to grip the numerous challenges the Health Board is facing. Whilst Executive Directors and Independent Members have different roles and different expectations of each other, relationships need to be respectful, built on trust, with the right balance of support and challenge.

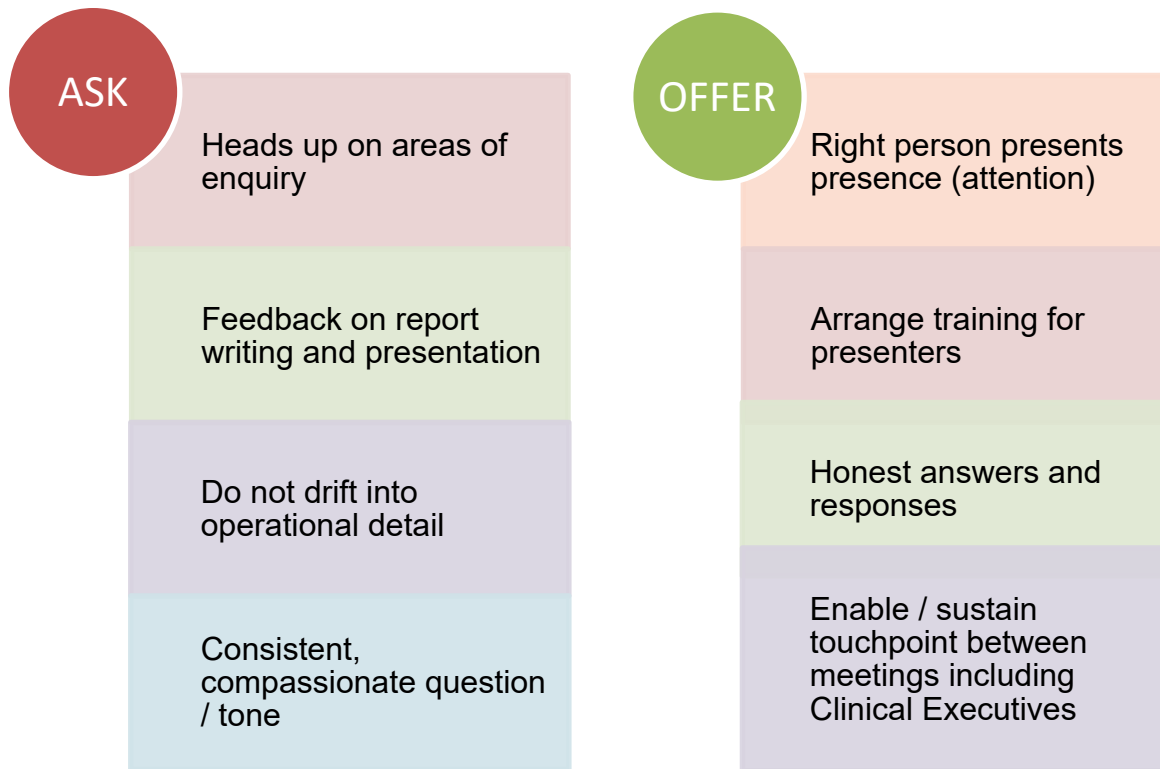
The right amount of support mixed with the right amount of challenge, can create a culture in which our people feel empowered and safe. As an organisation, this combination of support and challenge leads to greater achievements, productivity, and happiness. It also encourages growth and development, not to mention teamwork, trust, and open communication.



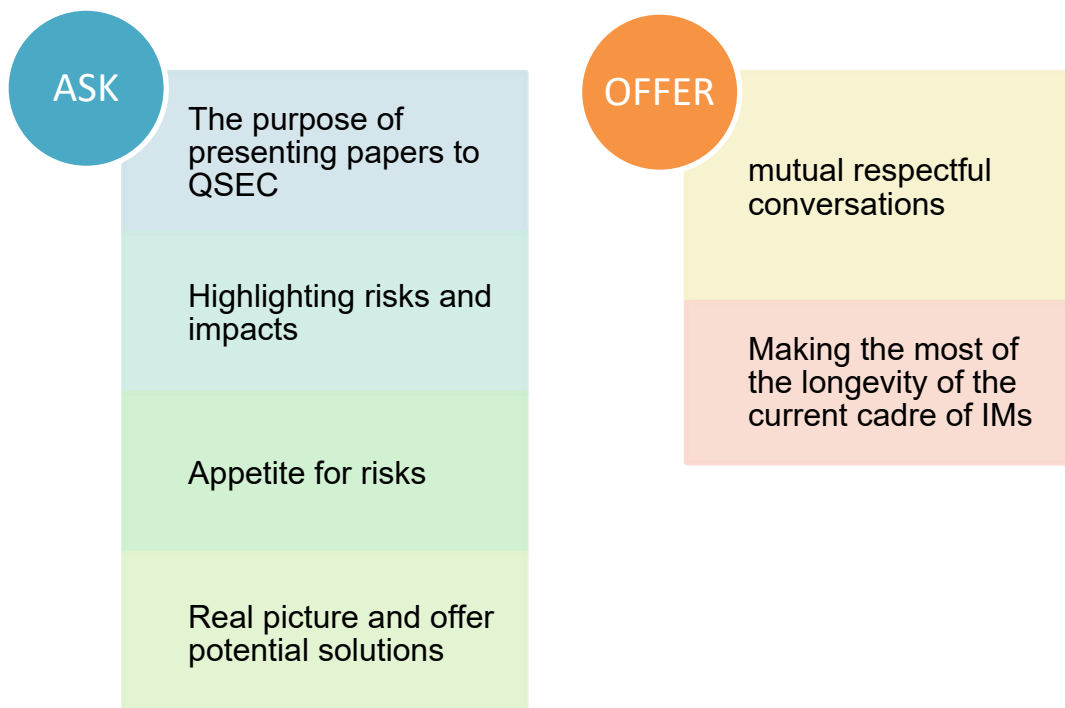
The workshop built on previous Board Development work which took place following the Audit Wales Review of Board Effectiveness at Betsi Cadwaladr University Health Board in 2023, and

explored, in respect of QSEC, what the Executive Directors and Independent members needed from each other and discussed the possibility of taking these forward.

Executive Directors 'Ask' and 'Offer' to Independent Members



Independent Members 'Ask' and 'Offer' to Executive Directors



These, along with similar feedback from other Committee self-assessments will be taken forward as part of the action plan and will feed into the Board Development Programme for 2024/25.

In addition, a specific task and finish group will be convened to set out a behaviour's framework, aligned to the Health Board's Values and Behaviours Framework, which will seek to balance high support and high challenge and determine what behaviours are expected. These will be benchmarked to enable behaviours to be assessed.

Strengthening governance

A clear message emerging from the workshop was that it was essential to get the basics right.

Clarity of purpose was important, not only for the Committee itself but also for those who report and present at meetings. This will support the further work needed to ensure Committee reports and presentations are focussed on delivery, impacts and outcomes, with clear links to the duty of quality and the Health and Care Quality Standards, and less on the process, as this will enable the Committee to challenge and drive quality improvement. Templates and guidance documents will be reviewed to reflect these requirements with training provided to senior staff to ensure that they feel supported and safe when reporting to the Committee.

Given the current challenges, there was an acknowledgement that assurance cannot always be provided to the Committee, and subsequently to the Board. In these circumstances, the Committee Update Report needs to be clear on the issues that are being escalated to the Board and why, and what is required from the Board. For example, the Committee may ask the Board to accept matters outside of its risk appetite or may ask for clear direction from the Board.

Actions to be taken forward:

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

Action	By when
Ensure the outputs from the 'ask and offer' element of the workshop are incorporated as part of the future Board Development Programme	Mar-24
Establish a task and finish group to develop a behaviours framework	Jan-24
Review report template to simplify reporting and strengthen focus on delivery, impacts and outcomes, as well as the Health and Care Quality Standards.	Apr-24
Review the Committee Update Report to strengthen reporting to the Board on the key discussion points of the meeting, and the areas it needs to advise, assure and escalate to the Board.	Apr-24
Update report writing guidance for authors to reflect the need to focus less on process and more on delivery, impacts and outcomes	Apr-24
Produce coaching video for report authors setting out what the Committee needs from reports and presenters and why	Apr-24
Review QSEC Committee Handbook to reflect the outputs from the self-assessment process	Apr-24

Argymhelliad / Recommendation

The Committee is asked to consider the outputs from the QSEC Self-Assessment Workshop, 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:	
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:	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, Internal Audit and HIW reports
Rhestr Termiau: Glossary of Terms:	Included within report
Partïon / 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:	Not applicable

Financial / Service:	
Ansawdd / Gofal Claf: Quality / Patient Care:	An effective QSEC should seek out areas of system weakness and facilitate a quality culture that drives quality improvement, improved patient experiences and outcomes.
Gweithlu: Workforce:	Not applicable
Risg: Risk:	An effective QSEC should drive quality improvement through scrutiny and challenge on the effective and efficient management of risks relating to patient safety and quality.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable