



**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 June 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Outcome of QSEAC Self-Assessment 2020
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani. Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Karen Richardson, Committee Services 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 & Experience Assurance Committee (QSEAC) the outcomes from the annual self-assessment exercise, to consider the suggested actions and any further improvements that could be made.

Cefndir / Background

Members of the Quality, Safety & Experience Assurance Committee have been asked to complete a questionnaire to consider the Committee's effectiveness, during 2019/20.

For 2019/20, a new approach to self-assessment has been introduced to elicit greater feedback which can shape and influence the agenda of QSEAC going forward.

In addition to specific domain questions, comments were invited on any improvements for consideration to assist the Committee in drawing up its own plan for improvement. The recognition of what has worked well is a helpful platform to move forward with and the greater focus on organisational risks to inform the agenda and work of the Committee will enable a further move towards providing a strategic outlook.

Asesiad / Assessment

Each question started with a statement, which set out 'what good looks like'. In response, Members were requested to:

- A. describe at least one example from 2019/20 in which the Committee has been effective in this domain.
- B. share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Question 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.

Response A

- the work undertaken in relation to gaining assurance about maternity services following the report in Cwm Taf is an example.
- the work to develop, through consultation and patient engagement 'The Patient Charter'.
- the development and delivery of the Ophthalmology plan.
- Individuals attending QSEAC (patients) memorably a member of staff, who had suffered from Guillain Barre Syndrome , who described her journey from diagnosis through to partial recovery. Subsequently presented her story to Board and as a result a number of issues that impact on patients and carers have been changed.

Response B

- receiving reports on the Patient's Charter to ensure it is being implemented and clarity of how this will form part of the Patient safety Walk Arounds.
- the Committee could engage in more patient safety walkrounds and also ensure that there is an increasing amount of patient feedback incorporated into reports.
- patient stories could include liaison with the Community Health Council (CHC), where they could suggest patient stories to present to the Committee.
- Board to Floor visits.
- stronger patient focus and emphasis on listening and learning.
- hearing the voice of children and young people more. Currently, QSEAC and the work of the Health Board is mainly adult focussed and the views of this group of individuals needs to be included. Invite members of the newly formed Voices of Children Steering Group to attend and brief QSEAC at regular intervals.

Question 2

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

Response A

- the improvements in the Quality and Safety Assurance reports and the developments of the dashboards, including metrics, which allows further scrutiny. Discussion in regards to the Quality and Safety assurance report is robust which enables the Committee and its members to have oversight of trends and high risk areas for patients and carers.
- the work in relation to nutrition and the recruitment of additional staff to go some way towards meeting the need.
- the introduction of Enabling Quality Improvement In Practice (EQIIP).
- scrutiny and review of the assigned corporate risks.
- Orthodontic services.

Response B

- whilst the CEO's holding to account meetings cover safety indicators, I would welcome the opportunity to "deep dive" into an area. Possible focussing on one indicator e.g. pressure damage and hearing where things have improved and lessons learned which could be applied elsewhere.
- By placing a greater emphasis on clinical audit and the outcome of audits and how those outcomes are being used to improve the quality and safety of services provided.

The Committee could seek greater assurance that the results and learning from clinical audit are actually being implemented and implemented in a timely fashion.

- as described, the Committee has strongly suggested that these assurance reports are much more focused on the impact of our service delivery on patients. More focus on the true patient experience would be welcomed and would then enable us to link this with the strategic plans for future delivery of care in West Wales.

Question 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.

Response A

- Ophthalmology Plan. This was reviewed by the Committee from a patient harm perspective. In addition, the Business Planning and Performance Assurance Committee (BPPAC) reviewed the waiting list position which meant that there was confusion as to the relevant information for each Committee. Clarity on the focus enabled the Directorate to focus on the overall plan and therefore demonstrate improvements for patients.
- although just outside the period, the discussions about apparent inconsistencies highlighted by an Internal Audit report about how the Nurse Staffing Act is being implemented in practice with the way the formula for each relevant clinical area has been calculated.
- clear lines of communication and collaboration with BPPAC and the Audit and Risk Assurance Committee (ARAC).
- escalation of 'matters of concern' or risks from QSEAC Sub-Committees e.g. Hospital Acquired Thrombosis (HAT) and dietetic services.
- the Committee has been chaired very effectively and any issues have been escalated or a further discussion/ deep dives have been undertaken and delegated appropriately. An example could be the S.I Deep Dive in regards trends with high staff turnover and leadership and whether this was an issue Health Board wide or occurred in pockets or certain clinical areas of the organisation

Response B

- taking a similar approach with another service where there are long waits but there has not been an analysis of harm. For example; the Children's Neurodevelopmental service.
- there could be a greater emphasis on gaining assurance about areas other than in hospital care. There could be much more information about other areas of the Health Board's work particularly out of hospital care, mental health and learning disabilities to establish a clearer picture about quality and safety in those areas and what the barriers may be to better working between the different areas of the health board's activities to improve patient outcomes.
- more focus on learning from Healthcare Inspectorate Wales (HIW) inspections/ Board to Floor and the sharing of Good Practice.

Question 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.

Response A

- management of Outpatients Follow Ups. This has not been concluded but the Committee did use the data to suggest ways in which the service could be improved.
- the development of the quality dashboard is an example albeit one which is a work in progress but there has been an improvement during the year.
- data with regards to the incidence of falls and pressure ulcers has enable us to identify 'hot spots, resulting in QSEAC requesting detailed papers or 'a 'deep dive ' on these key areas.
- HIW inspection reports / Deep Dives / Assurance reports.

Response B

- take a similar approach for a service area based on the risk register.
- there is a need for more patient feedback and more granular, time sensitive information from patients about their experiences. I see this as a big gap in our assurance framework about the quality of our services.
- we also need to get upstream on claims. The total Health Board provision for clams is now nearly £100m. This is as much as we are likely to spend on COVID-19. There needs to be a greater emphasis on learning lessons from claims and learning those lessons at a much earlier time. We could look at new claims received and seek assurance about what the lessons are to learn from those claims and how the learning is being spread across the organisation. Continuing with claims at this level is unsustainable never mind what it might tell us about the quality of the service we provide.
- Quality and Safety Dashboard.
- further work on the dashboard to fully embed into the working culture of the organisation which would provide reliable data for the Committee. Ensure that Sub-Committees are constituted properly and can work effectively to provide the level of relevant information in a concise manner.

Question 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.

Response A.

- Mortality data. Appropriate challenge and questioning which resulted in a change of approach to ensure a Health Board wide system
- the winter listening and learning sessions provided an opportunity to receive a first-hand account of staff experiences dealing with the pressure of the job.
- after each meeting the opportunity to reflect on what was considered effective, where additional learning or information is required; together with the recognition of what needs to be considered further and more assurance gained.
- I personally feel that the Chair has been instrumental in facilitating a learning and fair culture to the Committee. The Llwynhendy Tuberculosis (TB) outbreak scrutiny was a case in point ; being supportive but also questioning at the same time to improve outcomes for these patients affected by the outbreak.

Response B

- there are a number of areas where we see differences across hospitals and clusters so it is difficult to be explicit, but I would like to see more quality data on primary care and

focus on quality improvement which could be rolled out across the University Health Board (UHB).

- as a mirror to patient experience a regular staff experience report. We could alternate or have both if time permits.
- as in response to question 3, I feel that the Committee's focus is often biased towards negative experiences. Whilst there is learning from "what went wrong" I think we need more information on "what's gone really well and effectively", to change the learning focus for the organisation. As a Committee, Members need to also have a balance of positive and excellence in practice for this to become a "Learning Organisation"

Question 6

The Committee champions continuous improvement. This means it uses 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 to stretching yet realistic progress, and will readily challenge deviation from this.

Response A

- the development and adoption of the EQiP approach. This has been seen as very effective in changing the culture of quality improvement (QI) in the organisation.
- the focus on HAT during the year.
- Pressure Damage issues: have been subject to QI sharing of good practice and have established methods of improving outcomes for patients including monthly scrutiny meetings from Hospital to Community bases which did not occur in the past.

Response B

- the Committee needs to see examples of the above programmes that have changed practice and improved the service for patients.
- we could seek to identify from the results of clinical audit an area or areas where there is an exemplar which is not our Health Board and look to learn from them to improve what we do based upon their example.
- further work needed to support QI and implementation science within the Health Board that will inform and direct QSEAC business.
- further work needs to be developed that includes the patients voice to illustrate how improvements in delivery have equated to an improvement in the quality of care and impact for patients. (i.e.- length of stay(LOS) and Infection Rates)

Question 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.

Response A

- the Committee scrutinised risks in relation to Histopathology and was given some assurance. However, whilst a longer-term solution was provided, it felt that the most difficult issues were not being addressed.
- the pursuit of information about TAVI and what has gone on there.
- HAT
- encouragement for the Infection Prevention teams pioneering approach to Faecal Microbiota Transplantation.

- questioning of the impact of Board to Floor walkabouts and how to improve these to fully realise the voice of the patient is coming through the process.

Response B

- there are a number of areas on the UHB where staffing levels are low and services fragile. The Committee needs to be aware of these and enable discussion of solutions which can then be presented to Board before drastic action is required e.g. closures
- we could use the risk register to more proactively scrutinise risks particularly if a risk has sat on the register for some time. We could also pay greater heed to the strategic risk register to challenge the organisation about what it is doing to reduce those strategic risks. We could select an issue for each meeting from the risk register to conduct a deep dive into so that we gain assurance about what is being done to manage or reduce that risk.
- further develop the effectiveness of the board to floor walkabout process.
- use the feedback from patients during the COVID-19 pandemic to look at future development of services that are more effective and appropriate for patients and their families.

Question 8

Finally, are there any domains of effective assurance which you think are not covered above? What are they?

Response

- I wouldn't say domains were missing but there are a number of areas in their early stages e.g. EQiP programme, Patient's Charter, Patient feedback which need to be reported back to the Committee to enable scrutiny.
- establishment of the new Listening and Learning Sub-Committee.
- potentially utilise the new COVID-19 volunteers to assist with methods of gathering patients' s voices and experiences.

Argymhelliad / Recommendation

The Quality, Safety & Experience Assurance Committee is asked to:

- Discuss the responses from the QSEAC self-assessment exercise 2019/20.
- Consider any further improvements that could be made to improve the Committee's effectiveness.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	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

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply
Amcanion Strategol y BIP: UHB Strategic 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:	QSEAC Handbook 2019 QSEAC Terms of Reference 2019 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 Sicrhau Profiod: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	QSEAC Members

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