

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 April 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Quality Safety and Experience Committee (QSEC) Self-Assessment 2020/21- Action Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Ms Anna Lewis, QSEC Chair Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mrs Joanne Wilson, Board Secretary Ms Karen Richardson, Corporate & Partnership Governance Officer

**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) progress on the QSEC Self-Assessment 2020/21, and to consider whether this meets the expectations of QSEC.

#### Cefndir / Background

In 2019/20, QSEC introduced a new approach to self-assessment to elicit a broader range of response, in order to shape and influence the agenda of the Committee going forward. For 2020/21, this approach has been adopted by other Board level Committees.

Members and In Attendance Members of QSEC completed a questionnaire to consider the Committee's effectiveness during 2020/21. 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 describe at least one example from 2020/21 in which the Committee has been effective in this domain and to share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

The responses included a number of useful suggestions regarding ways in which the governance and operation of QSEC might be improved. Following presentation of the responses and suggested improvements to the QSEC meeting on 5<sup>th</sup> October 2021, it was agreed that an update on the progress of actions be presented to a future QSEC meeting.

## 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.

<b>Suggestions Made for Improvement</b>	<b>Action</b>	<b>Update on Progress</b>
It may be beneficial to include some of the positive and negative feedback from the staff. Whilst the Committee has received anonymous complaints, without the inclusion of feedback from a staff perspective, it is difficult to confirm whether these complaints have been acknowledged and progressed.	For assurance, workforce aspects are addressed through the People, Organisational Development and Culture Committee. Further to this, detailed discussions take place at the Listening and Learning Sub-Committee with any quality and safety implications reported to QSEC.	No response required.
Ensuring that all service areas are reflected and the voice of children, young people and primary care is heard through feedback. Ensuring patient experience/views and engagement is included as a core within slides/papers is critical.	This will be included within all reports and deep dives that are presented to QSEC.	This will be monitored as part of the quality assurance process with a reminder issued as part of the agenda issuing process.
Moving the venue of each meeting to different Health Board sites and after each meeting doing 15 Step Challenge Walkrounds or similar to talk directly to patients, staff and carers.	<p>The potential to rotate meetings is currently being discussed, in order to agree a consistent approach for all Committees. However, the option for officers to still join meetings remotely, will remain. IMs are welcome to visit sites at any point, whilst being cognisant that we are still in a global pandemic.</p> <p>In terms of “walkarounds”, the patient safety walkabouts will commence during the latter part of 2021 and may be aligned to an Internal Audit report or Directorate Review.</p>	A programme of site visits commenced in October 2021, however due to the Omicron variant, further visits were placed on hold. This option will be explored however due to the continued need for social distancing and availability of options this will not be progressed in the near future. IMs engagement visits have restarted with Patient Safety Visits recommencing in May 2022.

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**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 reviews in support of those priorities, providing the Board with the assurance necessary to have confidence in its ability to deliver.

<b>Suggestions Made for Improvement</b>	<b>Action</b>	<b>Update on Progress</b>
The presentation of quality deep dives relating to outstanding issues should assist the Health Board to deliver its strategic objectives. In addition, this will effectively monitor the quality of these services and will be able to have the results of the deep dive fed back to the services that were involved	This has already been actioned and included within the QSEC work programme	No response required.
Align the deep dives to the planning objectives allocated to the Committee	<p>Whilst each planning objective has an identified Executive Director Lead who is responsible for delivery of the planning objective, the Committee intends to extend deep dives into themes. This approach should enable the Board to act proactively due to being aware of the real challenges at the earliest opportunity.</p> <p>As part of the governance review, it was agreed that where risks and planning objectives aligned to the Committee are not delivering in accordance with their agreed timescales, a deep dive report would be presented.</p>	<p>Planning Objectives - Deep Dives’ are included as a standing agenda item on the Committees workplan, for consideration at agenda setting by the Chair and Exec Lead.</p>

	Further to this, the QSEC Chair and Lead Executive has agreed share the Health Board quality governance process in the form of a flow chart for Members assurance.	
Amending the reporting/exception/slide template to include reference to the various planning/strategic goals may be helpful as a prompt to ensure reference to the strategic priorities are visible.	The newly developed Guidance on Report Writing will be shared with report writers, following issue of the agenda and call for papers, will assist this.	Complete
A programme of deep dives with more prescription of what the committee wants to learn from each dive so that over the course of a period we work our way around all or as many as possible of the service areas over the course of 1 to 2 years. Tying the presentations into areas that the committee members will then undertake walkrounds to later in the day will add focus and meaning to the presentations.	<p>Links to the comment above in terms of extending deep dives into themes. Further to this, the QSEC Chair and Lead Executive has agreed to share the Health Board quality governance arrangements for Members assurance.</p> <p>In terms of “walkrounds”, the patient safety walkabouts will commence during the latter part of 2021. However, IMs are welcome to visit sites at any point, whilst being cognisant that we are still in a global pandemic.</p>	<p>IMs engagement visits have restarted with Patient Safety Visits recommencing in May 2022.</p>
The number of presentations at each meeting has been a challenge and can affect the time management of the meeting. Making it clear to presenters what is expected of them and time limiting their contributions so that there is more time for members to ask questions and raise issues of concern.	The Head of Corporate and Partnership Governance attends the Managers Passport and Passport Plus sessions, to provide guidance on report writing. In addition to this training, the recently published Handy Hints Guide for Presenters at Committees will be shared ahead of each meeting.	Complete

<p>The alignment of planning objectives provides a possibility to alter the focus of the Committee from what has happened to what needs to happen. Assurance by its nature is backward looking but if we are to truly drive the organisation forward and improve the quality of our services and the experience of patients we need to be looking at what do we need to do to be better, when are we going to do it and are we doing it. By reference to the planning objectives we could therefore have part of the agenda which is forward looking, that is, what are we going to do in the next period to make us better and help us achieve our planning objectives.</p>	<p>Propose that this is discussed with the Chair/Executive Lead of QSEC</p>	
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### **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. *Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.*

<b>Suggestions Made for Improvement</b>	<b>Action</b>	<b>Update on Progress</b>
<p>The new structure of the committee will enable us to concentrate on a lot of quality issues.</p>	<p>In agreement</p>	<p>No response required</p>
<p>With the establishment of the new Committees it will be important to co-ordinate the work and perhaps take an overall theme/service area where different Committees take the lead on different aspects.</p>	<p>This is already agreed given that the new Committee structure ensures the Committees are aligned to the Health Board's strategic planning objectives. Going forward, this could also be aligned to the deep dive themes.</p>	<p>Planning Objectives - Deep Dives' are included as a standing agenda item on the Committees workplan, for consideration at agenda setting by the Chair and Exec Lead.</p>
<p>It is impossible to cover everything identified for the Committee each meeting. Regular review and updating of</p>	<p>The Chair and Executive Lead review the work plan at agenda setting meetings and where</p>	<p>No response required.</p>

the work plan is essential to ensure that the issues which require committee level time are covered and that items which can be managed at sub-committee and other working group levels are progressed accordingly.	appropriate delegate areas for Sub-Committees to monitor.	
The consistency of reports from sub-committees could be improved as there seems to be a different style and emphasis between sub-committees.	The newly developed Guidance on Report Writing will be shared with report writers, following issue of the agenda and call for papers, will assist this.	Complete
A greater focus on clinical audit and the outcomes of it, in particular the improvements to be made as a result of clinical audit.	<p>Whilst QSEC has received Clinical Audit updates, it should be recognised that due to the Pandemic, the majority of Clinical Audits were placed on hold this year, although audits are now restarting.</p> <p>Outcome reports have been linked to agenda item and this process has worked well in assisting the Committee to understand the level of risk and as such provide greater assurance; this approach will continue.</p>	No response required.

#### **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.

<b>Suggestions Made for Improvement</b>	<b>Action</b>	<b>Update on Progress</b>
Using the data we have SPC can be reflective in the information we are gathering and more reassured of the quality that we are giving before the RAG- rating is Amber or Red and whilst it could only be one or two patients, now we can see	The sessions undertaken at Board Seminar have been welcomed in order to increase Members understanding of SPC's.	No response required.

that and still for some assurance or even set out some work patterns from the data we have been gathering		
Perhaps use the outcomes from the Nurse Staffing Act reviews to discuss the impact. The reports go to Board but we have not asked questions about the impact on quality and safety.	Suggestion that this is added to QSEC work plan.	A discussion will take place with the Chair and Lead Executive at the agenda-setting meeting for the May 2022 QSEC.
Integration of the IPAR metrics/SPC charts relevant to QSEC will strengthen the way in which data is utilised.	In agreement.	No response required.
It may be helpful to identify a small number of key metrics which we think will be indicators of the quality, safety and experience of patient care that we use to identify areas of good and bad practice. This will help us gain assurance that problem clinical or service areas are being identified and appropriate action being taken. Equally it will help identify areas of good practice so that this can be spread across more areas.	<p>Whilst the Committee has received data from a number of metrics in the Q&amp;S Assurance Report at each meeting, it is acknowledged that further improvements are required and that the format of the report requires agreement going forward. Work is progressing on the IPAR, which should improve the data presented in this report.</p> <p>It should be recognised that the Committee cannot review all data, therefore QSEC will need to agree on which metrics to include and also the format of the revised report.</p>	The Q&S Assurance Reports purpose is to provide an overview of quality and safety across the Health Board. The report regularly includes information on improvement work linked to previous learning from internal and external inspections and will continue to evolve.

### **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.

<b>Suggestions Made for Improvement</b>	<b>Action</b>	<b>Update on Progress</b>
Once the areas where there are issues have been visited and hopefully some learning and	It is proposed that these are aligned to the deep dive themes.	Where appropriate, these will be included on the Committee's workplan.

development opportunities put into them that we have feedback from the organisational resource team that were involved as it's a bigger learning event as it would be identified for all Health Board departments for example all A&E departments or scheduled care.		
Report authors to spend less time going through presentations so that there is more time for questions. This is raised frequently in feedback but it is still an issue with many presenters.	In agreement – the recently published Handy Hints Guide for Presenters at Committees will be shared ahead of each meeting.	Complete.
The Exec lead will be holding a workshop with the chairs of all quality meetings (directorates and above) to explore how reports are written, presented and owned so that the level of honesty and transparency continues. Being clear about expectations on those who present reports will help going forward- personnel change over time and this is something that may be required from time to time.	In agreement.	No response required.
When undertaking deep dives or when we receive reports about the outcome of clinical audit, for example, it would be useful to know what excellent looks like. Who are the exemplar organisations in that particular speciality or service? What can we learn from them? What do we need to do to be better?	Concerns in respect of outcomes from a national perspective are already considered by the LLSC.	No response required.

### **Question 6**

The Committee champions **continuous improvement**. This means it adopts an improvement mind set, 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 2020/21 in which the Committee has been effective in this domain.*

<b>Suggestions Made for Improvement</b>	<b>Action</b>	<b>Update on Progress</b>
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<p>There are still a number of service areas which have not been highlighted to the Committee in respect of QI so continue the approach</p>	<p>During the pandemic, all quality improvement initiatives were placed on hold. One of the planning objectives links to quality improvement, therefore once the next programme commences, regular updates will be presented to QSEC, as part of the planning objectives update report</p>	<p>An update on Planning Objectives assigned to QSEC are forward planned on the Committee's work programme.</p>
<p>Keeping improvement as a topic for periodic board development/seminar may be helpful for all Independent Members especially as new IMs have joined the organisation recently.</p>	<p>In agreement.</p>	<p>No response required.</p>
<p>I think the number of presentations at each meeting has been a challenge and can affect the time management of the meeting. Making it clear to presenters what is expected of them and time limiting their contributions so that there is more time for members to ask questions and raise issues of concern.</p>	<p>As above, the recently published Handy Hints Guide for Presenters at Committees will be shared ahead of each meeting.</p>	<p>Complete.</p>
<p>The alignment of planning objectives provides a possibility to alter the focus of the committee from what has happened to what needs to happen. Assurance by its nature is backward looking but if we are to truly drive the organisation forward and improve the quality of our services and the experience of patients we need to be looking at what do we need to do to be better, when are we going to do it and are we doing it. By reference to the planning objectives we could therefore have part of the agenda which is forward looking, that is, what are we going to do in the next period to make us better and help us achieve our planning objectives.</p>	<p>As before, these could be aligned to the deep dive themes.</p>	<p>Where appropriate, these will be included on the Committee's workplan.</p>

## **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.

*Please describe at least one example from 2020/21 in which the Committee has been effective in this domain.*

<b>Action</b>	<b>Update on Progress</b>	<b>Action</b>
The Board Secretary has been helping people put presentations together for the Committees but it may be handy to have a crib sheet so that they can just put in the relevant information that we have requested. If we have any additional requests we can ask them and the presentation	This is now complete, the recently published Handy Hints Guide for Presenters at Committees will be shared ahead of each meeting.	Complete.
The Operational Quality Services and Experience Sub-Committee (OQSESC) needs to ensure the risk register is accurate so that the areas requiring examination at the Committee can be highlighted	The OQSESC Chair will take this action forward. It is recognised further work is required in relation to operational quality governance arrangements.	In progress – Executive Led Risk Review meetings took place in Autumn 2021 and are being followed up throughout 2022. Further work will be undertaken to strengthen links between OQSESC and the Senior Operations Board which will help identify areas of concern and referral of issues between both.
In the debrief at the end of each meeting the IMs could have a specific discussion about issues of concern either arising out of what had transpired at the meeting or more generally based upon their wider concerns or intelligence picked up from other committees, visits to clinical areas, discussions with staff or patients. This is not to start lots of hares running but to build up a level of knowledge from multiple sources to help inform what we should be looking out for or areas of concern.	Whilst this is outside of the remit of the Committee's terms of reference, the newly established Chairs meeting could discuss the purpose and function of the debrief.	Committee Chairs' meeting's commenced September 2021.

### **Question 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....

<b>Suggestions Made for Improvement</b>	<b>Action</b>	<b>Update on Progress</b>
Develop monitoring arrangements for services provided by other Health Boards for our population.	This will be included within the Commissioning for Quality Outcomes Reports, which are forward planned on the QSEC work plan.	Complete.

### **Question 9**

Extraordinary question for 2020/21 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 learning points should we take with us post-COVID?*

<b>Suggestions Made for Improvement</b>	<b>Action</b>	<b>Update on Progress</b>
That we can react quickly to any events that occur and work in a supportive role during an event while also maintaining a continuation of the services which we can oversee if the quality is effective.	In agreement.	No response required.
Briefer papers and presenters more concise	The newly developed Guidance on Report Writing will be shared with report writers, following issue of the agenda and call for papers, will assist this.	Complete.
Keeping a smaller agenda, focus on the discussion	Through the QSEC Chair who manages agenda timings and apportioning time to each item as part of the agenda setting process	No response required.
The need to get out and about more to have multiple sources of assurance.	The patient safety walkabouts will commence during the latter part of 2021 and may be aligned to an Internal Audit report or Directorate Review.	IMs engagement visits have restarted with Patient Safety Visits recommencing in May 2022..

## Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is requested to receive assurance that any actions from the QSEC Self-Assessment 2020/21 are being progressed within the agreed timescales.

### **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.
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 Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	QSEC Self-Assessment Questionnaire 2020/21 QSEC Terms of Reference Published guidance from the Good Governance Institute
Rhestr Termiau: 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:	Board Secretary QSEC Members QSEC meeting on 5 <sup>th</sup> October 2021

### **Effaith: (rhaid cwblhau)**

#### **Impact: (must be completed)**

<b>Ariannol / Gwerth am Arian:</b>	Not Applicable
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<b>Financial / Service:</b>	
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable