



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 February 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality, Safety and Experience Committee (QSEC) Self-Assessment Outcome Report 2021-22
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 and 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) the outcome of the QSEC Self-Assessment 2021/22 process, and to consider whether this meets the expectations of the Committee.

Cefndir / Background

From 2020/21, a new approach to self-assessment was introduced to elicit greater feedback in order to shape and influence the agenda of QSEC going forward.

Members of QSEC completed a questionnaire to consider the Committee's effectiveness during the previous 12 months and, 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 has been a helpful platform to move forward, 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 described at least one example from the previous 12 months in which the Committee had been effective in this domain and shared 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 meetings with the QSEC Chair, the Board Secretary and the Director of Nursing, Quality and Patient Experience, responses to any suggested improvements were agreed, with progress on any identified actions provided below.

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.

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:

- **The effectiveness in this area has become more time appropriate for example when we had the issue with health visitors identified in the Committee it was followed up effectively, with active feedback on what had been put in place and also feedback from the staff and patients.**
- **Hearing from patients as part of stories in the meeting is invaluable – good or not so good experience.**
- **The Committee reviews at each meeting the experience of the patient and seeks to gain assurance about the safety and quality of the services delivered by the Health Board.**

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

Suggestions Made for Improvement	Response	Progress
The Committee receives a significant amount of information prior to the meetings, therefore asking presenters to take all reports as read should ensure that Members use their time for questioning more effectively	The QSEC CSO will continue to issue the handy hints to presenters ahead of each meeting.	In order to provide more structure, a template will be developed, including suggested points for highlighting. The presenter will then highlight these points to Members at the meeting.
Ensure we maintain patients' stories, regardless of the size of the agenda.	Patient stories are a standing agenda item on the QSEC workplan which should ensure that the Committee continues to provide assurance to the Board on patient experience and lessons learnt.	No update required.
There could be greater opportunity for members to visit clinical areas to speak to patients and staff. This could be incorporated into the agenda for each meeting.	The option of rotating Committee meetings on different sites has been considered previously, however this has not been viable due the availability of meeting rooms. These can be undertaken through both the engagement meetings	In recognition of the importance of listening to staff and understanding the current challenges and successes, formal patient safety visits re-started across Hywel Dda in May 2022.

and more formal patient safety visits.

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.

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:

- **Since the Committee has been re-structured to just look at quality, it is easier to understand due to the clearer lines of information.**
- **Feedback into the Committee is more active and we seem to work more cohesively as a team and example of that would be the last meeting with there was a presentation by Healthcare Inspectorate Wales (HIW) everybody constructively had feedback and we were going to work cohesively as a team to give informative feedback.**
- **The deep dive into Child and Adolescent Mental Health Services (CAMHS) has enabled the Committee to give assurance to the Board.**
- **The work plan is aligned to the Board Assurance Framework (BAF) with the Committee receiving updates about progress against planning objectives.**

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

Suggestions Made for Improvement	Response	Progress
It may be worth considering extending the meeting for half an hour to cover admission to discharge and then the issues in between.	This will be considered for QSEC meetings during 2023/24.	The QSEC CSO will update the calendar invites as required.
Use the risk register to inform where deep dives should occur in the future.	This is already taken into consideration at the agenda setting stage, however the Committee needs to ensure that the agenda also includes other areas identified within its terms of reference.	A business-as-usual approach will be adopted.
The Committee could play a greater role in identifying the planning objectives for the organisation which have the most impact and patient safety and the quality of the services. This could be done outside the confines of the committee meeting process	The POs linked to QSEC will continue to be regularly reviewed in order to identify gaps in assurance. Further, the Executive Team review whether new POs are required on a	A business-as-usual approach will be adopted.

by holding a workshop consisting of IM's and the leading execs.	regular basis. Input will be sought through the Board Seminar programme.	
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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 2021/22 in which the Committee has been effective in this domain.

Responses:

- **That the Committee gives time to a range of service portfolios has become the bedrock and we have worked on finding issues early rather than they coming to us at a later stage where you are more reactive rather than proactive.**
- **Commissioning the work on the quality assessment of any reductions in service to make savings.**
- **There have been a number of examples during the year where ARAC has referred IA (e.g. falls) or other reports to QSEC. At the end of each meeting items for referral to the Board are identified.**

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

Suggestions Made for Improvement	Response	Progress
The passing of information between ARAC and QSEC has tended to be a one way street. Is there scope for QSEC referring issues to ARAC to be incorporated into its work programme or to prompt an IA report? This would help the committee gain more independent assurance about quality and safety.	In line with the QSEC ToRs, the Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required. Any areas where assurance is not provided, this will be escalated to Board for further discussion/decision. Further any areas identified will be reported to QSEC via the Quality and Assurance Report.	A business-as-usual approach will be adopted.

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.

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:

- **The statistical process control (SPC) charts haven made it easier to understand our risks and whilst we still use some forms of RAG rating for an overall identity of the risk, when breaking it down statistical process provides richer data.**
- **By having the information in this SPC format is more understandable to follow even though it takes up more documentation.**
- **Improvement in the quality data over the last year.**
- **The development of a dashboard and the more intelligent use of trend data has improved the quality of information reaching the Committee. The development of a sub-committee infrastructure has also assisted the work of the Committee.**

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

Suggestions Made for Improvement	Response	Progress
The greater use of triangulation of important metrics to help identify hotspots and to enable the Committee to identify areas of concern requiring management action. Such triangulation will also help identify exemplars to assist with learning and development across the Health Board.	As a Board it has been agreed that where appropriate data is presented using SPC charts. There will be elements for QSEC and where relevant this will be included and learning taken forward. However, it is accepted that further work is required to improve Committee collaboration and data sharing.	This will be progressed during 2023/24.

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.

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:

- The meetings have become more focused on the questions that we are asking as presenters are aware that Members have already read the papers so there's no need to reaffirm all of the information to the Committee which gives us more time to ask the questions that we have about the presentation.
- The discussions regarding the challenges in health visitors service which had been under the radar, and the manner in which this was done was supportive and not adversarial.
- There have been examples during the year where areas which have been challenging for some time have been brought to the attention of the Committee e.g. Health Visitors. The open way in which this was done was met with recognition of the challenge and received appropriate challenge and support for the work being done to find a solution.

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

Suggestions Made for Improvement	Response	Progress
There is very little opportunity for experiential learning through enabling Committee members to interact with more front line staff, patients and the public. Creating opportunities for this to happen more regularly in a more structured way and to a greater extent would be a good improvement.	As per the QSEC Terms of Reference (ToRs), the purpose of the Committee is to scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board. These can be undertaken through both the engagement meetings and more formal patient safety visits.	A summary report following engagement visits to be forward planed for QSEC twice a year.
Is enough emphasis being placed upon clinical audit (CA) and its outcome? Whilst the Committee monitors the audit programme by exception reporting this does not feature highly in the work programme. It tends to be observed passively rather than proactively to emphasise the opportunity it gives for learning, assurance and improvement.	The Committee receives updates on clinical audit as outlined in the QSEC ToRs. Given that this is an operational matter, any learning should be presented and monitored by the directorate quality meetings	The Effective Clinical Practice Advisory Panel update report to QSEC will include a focus on CA, including an end of year a year review.

Question 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 2021/22 in which the Committee has been effective in this domain.

Responses:

- The improvement trajectory in CAMHS services.
- The increasing use of deep dives and the moving away from SBAR reporting for each item has enabled a greater discussion and richer level of knowledge.

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

Suggestions Made for Improvement	Response	Progress
<p>During the meetings we seem to run out of time because there is a lot of information to give to the Committee and ask for assurance on. I would like to see the agenda in a format which for example the front door looking at unscheduled care and the issues around that the middle of the meeting will be the processes that are involved once the patients come in or the issues in the community. Then the end of the meeting I would like to see the use of the information around our back door or discharges or the inability to discharge and any information around that.</p>	<p>The purpose of the Committee is to scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board and therefore outside of the remit of the ToRs.</p> <p>These discussions should be taking place at an operational level.</p>	<p>A business-as-usual approach will be adopted.</p>
<p>There could be greater opportunity for members to visit clinical areas to speak to patients and staff. This could be incorporated into the agenda for each meeting.</p>	<p>The option of rotating Committee meetings on different sites has been considered previously, however this has not been viable due the availability of meeting rooms.</p> <p>These can be undertaken through both the engagement meetings and more formal patient safety visits.</p>	<p>In recognition of the importance of listening to staff and understand the current challenges and successes, formal patient safety visits re-started across Hywel Dda in May 2022.</p>
<p>The Committee could play a greater role in identifying the planning objectives for the organisation which have the most impact and patient safety and the quality of the services. This could be done outside the confines of the committee meeting process by holding a workshop consisting of IM's and the leading execs.</p>	<p>The POs linked to QSEC will continue to be regularly reviewed in order to identify gaps in assurance.</p> <p>Further, the Executive Team review whether new POs are required on a regular basis. Input will be</p>	<p>A business-as-usual approach will be adopted.</p>

	sought through the Board Seminar programme.	
The passing of information between ARAC and QSEC has tended to be a one way street. Is there scope for QSEC referring issues to ARAC to be incorporated into its work programme or to prompt an IA report? This would help the committee gain more independent assurance about quality and safety.	<p>In line with the QSEC ToRs, the Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.</p> <p>Any areas where assurance is not provided, this will be escalated to Board for further discussion/decision.</p> <p>Further any areas identified will be reported to QSEC via the Quality and Assurance Report.</p>	No update required.
The greater use of triangulation of important metrics to help identify hotspots and to enable the committee to identify areas of concern requiring management action. Such triangulation will also help identify exemplars to assist with learning and development across the health board.	<p>As a Board it has been agreed that where appropriate data will be presented using SPC charts. There will be elements for QSEC and where relevant this will be included and learning taken forward.</p> <p>However, it is accepted that further work is required to improve Committee collaboration and data sharing.</p>	A business-as-usual approach will be adopted.
There is very little opportunity for experiential learning through enabling Committee members to interact with more front line staff, patients and the public. Creating opportunities for this to happen more regularly in a more structured way and to a greater extent would be a good improvement.	<p>As per the QSEC Terms of Reference (ToRs), the purpose of the Committee is to scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.</p> <p>These can be undertaken through both the engagement meetings and more formal patient safety visits.</p>	A summary report following engagement visits to be forward planed for QSEC twice a year.

<p>Is enough emphasis being placed upon clinical audit and its outcome? Whilst the committee monitors the audit programme by exception reporting this does not feature highly in the work programme. It tends to be observed passively rather than proactively to emphasise the opportunity it gives for learning, assurance and improvement.</p>	<p>The Committee receives updates on clinical audit as outlined in the QSEC ToRs. Given that this is an operational matter, any learning should be presented and monitored by the directorate quality meetings.</p>	<p>A business-as-usual approach will be adopted.</p>
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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 2021/22 in which the Committee has been effective in this domain.

Responses:

- **We work proactively as organisational issues are brought this Committee an example would be Prince Philip Hospital (PPH) intensive care unit which is an issue that has been identified with the committees receiving regular updates.**
- **The ongoing monitoring of COVID-19.**
- **The Committee has been flexible in bringing forward issues for consideration e.g. health visitors?**

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

Suggestions Made for Improvement	Response	Progress
<p>At the conclusion of each meeting could the discussion amongst IM’s be framed in such a way as to consider the workplan in a more focused way based upon what may have come out of the meeting which has just taken place? This may not result in a change after each meeting but could provide an opportunity to put a foot on the ball and look at the work programme in a more reactive, proactive and meaningful way. It could turn the work programme from something</p>	<p>Whilst this is outside of the remit of the Committee’s terms of reference, the Chairs meeting could discuss the purpose and function of the debrief.</p> <p>Further the Chair and Executive Lead regularly review the QSEC work plan, as part of the agenda setting process.</p>	<p>A business-as-usual approach will be adopted.</p>

which is “done to” the Committee into something over which it has more influence. To avoid an ever-expanding work programme any such discussion should also look at what could be deferred or cancelled.

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.....

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:

- **There is a tendency for there to be helicopter, health board wide view of quality and safety. Is there scope to look at this in more detail from a clinical service perspective, possibly where the data is telling us that this is an area of concern and also where we have positive data of the quality of the service being provided thereby seeing what works well in more detail.**

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

Suggestions Made for Improvement	Response	Progress
It is such a large domain to cover it may be appropriate to do have alternate presentations for example as stated earlier having the agenda looked at the front door the issues that are going on across the areas and then the back door the discharges maybe we could alternate community and scheduled all other issues alternately between meetings.	The purpose of the Committee is to scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board. These discussions should be taking place at an operational level.	A business-as-usual approach will be adopted.
Greater emphasis on clinical audit and contact with front line staff, patients and visits to clinical areas, ideally linked to the Committee work programme.	The Committee receives updates on clinical audit as outlined within the QSEC ToRs. These can be undertaken through both the engagement meetings and more formal patient safety visits.	No update required.
Do we have sufficient assurance about the quality and safety of primary and community services? How do we gain that assurance?	The Committee’s remit is vast however during the year it has received patient stories and reports from a number of	The QSEC Chair and the Board Secretary will arrange a meeting with IMs to discuss ways of

<p>Similar questions could be posed in relation to MHLD?</p>	<p>services, including the Health Visiting Service, Public Health, GMS Managed Practices and CAMHS which have provided assurance to Members. The workplan is reviewed regularly by the QSEC Chair and Executive Lead and where gaps are identified, reports from specific areas will be requested.</p>	<p>improving the Committee going forward.</p>
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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:

Responses:

1. What went well?
 - **The agility of having shorter COVID-19 focussed meetings.**
 -
2. Even better if...?

3. What learning points should we take with us post-COVID?

Suggestions Made for Improvement	Response	Progress
<p>The utilisation of teams has actually helped and is more cost-effective even if in the future we have just one or two meetings face-to-face a year and maintain the use of teams because we can bring people in and out as we need them rather than taking them to a structured building.</p>	<p>In recognition that face to face meetings enable richer discussions, Members will be invited to attend in person. However the option to join virtually will remain.</p>	<p>No response required.</p>
<p>The importance of quality improvement (QI) and not simply performance.</p>	<p>Improving QI has been at the heart of the agendas for QSEC. Further the Committee will continue to receive updates on the Enabling Quality Improvement in Practice programme, in recognition of its importance of creating a quality</p>	<p>A business-as-usual approach will be adopted.</p>

	improvement and patient safety culture by building improvement capability at the point of care delivery.	
Virtual meetings do have some benefits but the advantages of face to face meetings and the opportunity to interact on a one to one basis or in smaller groups on a less formal basis should not be underestimated.	In recognition that face to face meetings enable richer discussions, Members will be invited to attend in person. However the option to join virtually will remain.	No response required.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is requested to receive assurance that all actions from the QSEC Self-Assessment 2021/22 have been 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. 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
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
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	QSEC Self-Assessment Questionnaire QSEC Terms of Reference
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Chair of QSEC Director of Director of Nursing, Quality and 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