



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	05 October 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Outcome & Analysis of QSEC Self-Assessment Exercise 2020/21
<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 Ms Sonja Wright, COVID-19 Pandemic Response: Support 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 outcomes from the annual self-assessment exercise 2020/21, to consider the suggested actions and any further improvements that could be made.

#### 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 were asked to complete a questionnaire to consider the Committee's effectiveness during 2020/21. Four responses have been received in total.

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 include a number of useful suggestions regarding ways in which the governance and operation of QSEC might be improved. There may also be themes common to other Board level Committees, which can be addressed via the establishment of new committee structure and the committee chairs meeting.

In order to influence the agenda of QSEC going forward, the outcomes were reviewed by the QSEC Chair, QSEC Lead Executive Director and the Board Secretary to consider and respond to the suggested areas for improving the Committee’s effectiveness. During the meeting, with the outcome detailed 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 2020/21 in which the Committee has been effective in this domain.*

**Responses**

- Data receiving from putting things right which shows some good and bad feedback from patients in the areas where our complaints are coming in which gives us the direction where supported learning might be needed within those environments and with the resolution and resource teams can go in and help.
- The continuing improvement of the patient experience report which reports positive issues but also is open about where things and experiences do not go well.
- During 20/21 the Committee has met with increased frequency as a consequence of COVID-19 and at each meeting sought to ensure that the impact of COVID-19 from the perspective of service, patient and staff has been heard. The involvement of a patient or staff story has been helpful in ensuring that members stay ‘grounded’ and understand the experience of individuals. Likewise, the engagement and inclusion of clinicians involved in service delivery has also been successful in amplifying the experience of people receiving services/or not as a consequence of COVID-19.
- The increasing use of patient feedback at meetings to help inform the Committee of what patients think of our services. This helps to frame the discussion at meetings.

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

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</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.
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	This will be included within all reports and deep dives that are presented to QSEC.

engagement is included as a core within slides/papers is critical.	
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>

## **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 2020/21 in which the Committee has been effective in this domain.*

### **Responses**

- The committee has worked effectively and cohesively within the COVID-19 pandemic and is able to maintain its standing of observing quality.
- The committee has undertaken deep dives into a number of service areas, such as children’s services which enable the Committee to give assurance or raise issues to the Board.
- The work plan is regularly reviewed to ensure that concerns about services are brought to the committee in a timely way. Alignment of the items to the risk register works well although greater links to the planning objectives and strategic goals is required.
- The use of deep dives into service areas e.g. mental health has been illuminating.

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

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</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
Align the deep dives to the planning objectives allocated to the Committee	Whilst each planning objective has an identified Executive Director Lead who is

	<p>responsible for delivery of the planning objective, the Committee intends to extend deep dives into themes. This approach should enable the Board is 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>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.</p>
<p>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.</p>	<p>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.</p>
<p>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>	<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 share the Health Board quality governance process in the form of a flow chart 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>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>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.</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</p>	<p>Propose that this is discussed with the Chair/Executive Lead of QSEC</p>

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.

### **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.*

### **Responses**

- Asking for more deep dive investigations on issues of concern; e.g. cancer services and mental health and learning disability
- Cardiac services - commissioned deep dive on the delivery from service provider
- Particularly during the last year it has been important to focus on the quality issues around COVID in areas such as PPE and infection control.
- The use of the tracker ensures that there is a reduced risk of duplication or gaps in issues going through to the relevant committee. Revising the timing for the meeting has seemingly given a more balanced opportunity for items to be explored more fully/proportionately to the risks/concerns
- The reporting from sub committees to the committee has improved during the year. Each report to Board includes details of key issues and anything to be escalated.
- *Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.*

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
The new structure of the committee will enable us to concentrate on a lot of quality issues.	In agreement
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.	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.
It is impossible to cover everything identified for the Committee each meeting. Regular review and updating of 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.	The Chair and Executive Lead review the work plan at agenda setting meetings and where appropriate delegate areas for Sub-Committees to monitor.
The consistency of reports from sub-committees could be improved as there	The newly developed Guidance on Report Writing will be shared with report writers,

seems to be a different style and emphasis between sub-committees.	following issue of the agenda and call for papers, will assist this.
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>

#### **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 2020/21 in which the Committee has been effective in this domain.*

#### **Responses**

- During the last year we have changed how data is reported with a new reporting framework using statistical process control instead of a RAG report. This has provided additional detail and has been easier to understand because with the flow and fluctuation of data it now gives you a reason why we would have been red before but only by a minute amount of miss targets this is more reassuring.
- The Committee has led the debates in this area of work but there is still more to do to be able to pick out one example.
- The maturity of the Assurance report has helped to focus attention on areas of improvement although there is more to do on this.
- The development of the use of SPC charts has helped to improve our use of and understanding of the data which is presented to us.

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

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</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 that and still for some assurance or even set out some work patterns from the data we have been gathering	The sessions undertaken at Board Seminar have been welcomed in order to increase Members understanding of SPC's.

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.
Integration of the IPAR metrics/SPC charts relevant to QSEC will strengthen the way in which data is utilised.	In agreement.
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 recent issues with cardiac services at SBUHB have highlighted a possible blind spot as to the quality and safety of services provided by other organisations. We should consider how we ensure the safety of those services for our population. As a starting point this could be receiving the same assurance reports which that organisation produces under its own governance structure. This may satisfy our requirements but if it does not we should consider how we could improve upon that and what we need to receive in order to be satisfied.	This will be included within the Commissioning for Quality Outcomes Reports, which are forward planned on the QSEC work plan.

### **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 2020/21 in which the Committee has been effective in this domain.*

### **Responses**

- Putting things right: Based on the feedback from these reports I'm aware that some of the resources team and the organisational team have put people into areas for example A&E, mental health and learning disabilities to investigate the issues that are occurring. This is leading to some of the concerns that are coming back from patients, and staff.

- The new style of the deep dive reports has enabled more senior staff to be part of the Committee
- The Chair facilitates an environment which creates a safe space, despite this being a public meeting, for honest and transparent dialogue. This enables people to discuss matters of concern and celebration openly. This is done in a way which ensure context is clear, scrutiny remains robust and escalation is agreed.
- The Chair has been excellent in reminding us of what we are there to do, particularly when we (I) have started to go off down the road of trying to identify what needs to be done to improve a service or performance.

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

Suggestions Made for Improvement	Health Board Response
Once the areas where there are issues have been visited and hopefully some learning and 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.	It is proposed that these are aligned to the deep dive themes.
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.
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.
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.

### **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.*

## Responses

- The discussion on the CAMHS services which have put the focus on how to improve waiting lists
- More work is required on this element. The work on the QMS has now restarted as have the EQIIP sessions and this will enable a greater focus on improvement activity. As we emerge from COVID focus should be able to return to driving sustained improvement rather than responding to the pandemic/challenges being experienced.
- The development of the use of SPC charts has helped to improve our use of and understanding of the data which is presented to us.

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

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</b>
There are still a number of service areas which have not been highlighted to the Committee in respect of QI so continue the approach	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
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.	In agreement.
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.	As above, the recently published Handy Hints Guide for Presenters at Committees will be shared ahead of each meeting.
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.	As before, these could be aligned to the deep dive themes.

## **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.*

### **Responses**

- The reports we are having from departments where quality issues have been identified are now a lot more compact and relevant to the questions asked about quality rather than a long explanation of the processes they've been through to get to that stage. This helps the meetings become more focused on the questions we have rather than a regurgitation of information that we've already been reading.
- The work during the peak of the pandemic when the committee focused on key quality issues.
- The alignment of items with the risk register has been helpful to ensure risks are discussed regularly.
- The Committee has changed its way of working through the year as the impact of Covid has ebbed and flowed.

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

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</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.
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 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	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.

from multiple sources to help inform what we should be looking out for or areas of concern.

### **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 2020/21 in which the Committee has been effective in this domain.*

### **Responses**

- Cardiac services: commissioned deep dive on the delivery from service provider
- I think this led us to look at providers of all our services and maybe set up some scrutiny during the delivery period to make sure that we're getting effective and cost-effective service.

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

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</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.

### **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 went well?*

##### **Responses:**

- **Extra meetings taken during that 18 months to keep ourselves well informed and the health board well supported**
- **Being flexible about meeting frequency**
- **Additional COVID meetings**
- **Use of slides instead of papers- this generated better discussion at the meetings**
- **The smooth running of the committee during the course of the year.**

#### *2. Even better if...?*

##### **Responses:**

- **Now we have the new format I think it would be even more effective as the original QSEAC meetings were congested to try and keep up the maintain the effectiveness of the committee now that people and culture has been removed it's a more streamlined process**
- **Briefer papers and presenters more concise**
- **More focus to presentations. Less speaking from presenters.**

- **More diverse and varied clinical engagement. How many more nursing and managerial staff attend meetings than clinical staff? Is the balance right?**

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

<b>Suggestions Made for Improvement</b>	<b>Health Board Response</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.
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.
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
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.

#### **Argymhelliad / Recommendation**

The Quality, Safety and Experience Committee is requested to receive assurance that the actions as described above will be taken forward as part of wider governance review.

#### **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
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	QSEC Self-Assessment Questionnaire 2020/21 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 Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Board Secretary

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not Applicable
<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