

**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

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| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 20 October 2020   |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Audit Wales Review of Operational Quality & Safety Arrangements – Update            |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Mandy Rayani, Director of Nursing, Quality and Patient Experience / Board Secretary |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Cathie Steele, Head of Quality and Governance                                       |

**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 Audit and Risk Assurance Committee an update on the agreed actions outlined in the management response to the recommendations made by Audit Wales following their review of operational quality and safety arrangements.

**Cefndir / Background**

In June 2019, Audit Wales (formerly the Wales Audit Office) published [their report](#) following the review of operational quality and safety arrangements in Hywel Dda University Health Board. This review commenced in September 2018 and considered whether the Health Board's operational quality and safety arrangements and structures were effective.

In undertaking this work, Audit Wales examined arrangements and structures at a directorate and corporate level. The arrangements and structures at a committee level were also considered.

Audit Wales found that the Health Board has a number of good quality and safety arrangements at a directorate level, supported by developing corporate arrangements; however, these are not yet consistent, and the flow of assurance from directorates to the Board was not as effective as it could be. The final report made eight recommendations.

**Asesiad / Assessment**

In response to the recommendations, a management response was agreed by the Health Board (appendix 1 of the [published report](#)).

At the time of publication of the report, the agreed action against recommendations 2, 5a, 5b and 8 had been completed. The table below provides an update against the recommendations open at the time of publication of the report.

| Rec No | Recommendation  | Management Response   | Update   |
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| Rec 1  | <p>To improve consistency, the Health Board should introduce a standardised approach to the quality and safety arrangements within the operational directorates. The standardisation should apply to structures, core membership, frequency of meetings and core agenda items for discussion. The county director arrangements must include consideration of primary care quality and safety matters.</p> | <p>Options for standardising the approach to quality and safety arrangements have been agreed. This includes templates for terms of reference, agendas for meetings and standardised reporting. Templates will be developed in collaboration with the Corporate Governance Team.</p> <p>The Operational, Quality, Experience Sub-Committee (OQSEC) will be the overarching sub-committee for operational quality and safety issues, specialist, primary and acute services, with cross-organisational groups reporting to OQSEC.</p> <p>Quality and safety matters are included in the county directors' meetings and this will be monitored.</p> | <p><b>Complete</b></p> <p>A review of assurance committees and sub-committees has been undertaken.</p> <p>A meeting chaired by the DoNQ on 18/11/2019 to discuss the revised reporting arrangements/assurance to QSEAC and also a meeting regarding directorate reporting on 17/09/2020.</p> <p>Template terms of reference and agenda for meetings have been developed. These will be shared with Directorates through the Bronze Command Groups.</p> |
| Rec 3a | <p>To improve quality and safety assurance flows between the directorates and the Board, the Health Board should:</p> <p>a) Merge the Mental Health and Learning Disabilities Quality, Safety and Experience Sub-Committee with the Operational QSESC;</p>  | <p>Options for standardising the approach to quality and safety arrangements agreed. This includes templates for terms of reference and standardised reports.</p> <p>Operational Quality, Experience Sub-Committee (OQSEC) will be the overarching sub-committee for operational quality and safety issues, both specialist, primary and acute services, with cross-organisational groups reporting to OQSEC.</p>   | <p><b>Complete</b></p> <p>The Mental Health and Learning Disabilities Quality, Safety and Experience Sub-Committee now reports to the Operational Quality, Safety and Experience Committee</p>   |

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|        |  | Transition arrangements for changes to Mental Health and Learning Disabilities quality report arrangements will be developed and worked through with the triumvirate team. Any specific exceptions requiring escalating to QSEAC escalated via OQSEAC, and appropriate staff asked to attend QSEAC as appropriate. |   |
| Rec 3b | <p>To improve quality and safety assurance flows between the directorates and the Board, the Health Board should:</p> <p>b) Ensure that the Mental Health and Learning Disabilities directorate have a directorate level governance committee.</p> | There is a Mental Health and Learning Disabilities directorate level governance committee. Work will be undertaken to strengthen and standardise the reporting arrangements to OQSEC (as recommendation 1)   | <p><b>Complete</b></p> <p>A review of assurance committees and sub-committees has been undertaken.</p> <p>The Mental Health and Learning Disabilities Quality, Safety and Experience Sub-Committee now reports to the Operational Quality, Safety and Experience Committee.</p> <p>A meeting chaired by the DoNQ on 18/11/2019 to discuss the revised reporting arrangements/assurance to QSEAC and also a meeting regarding directorate reporting on 17/09/2020.</p> <p>A template terms of reference and agenda for meetings have</p> |

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|        |   |  | been developed. These will be shared with Directorates through the Bronze Command Groups.  |
| Rec 3c | To improve quality and safety assurance flows between the directorates and the Board, the Health Board should:<br>c) Align all directorate level governance committees so they report directly to the Operational QSESC.  | Options for standardising the approach to quality and safety arrangements agreed. This includes templates for terms of reference and standardise reports. Operational Quality, Experience Sub-Committee (OQSEC) will be the overarching sub-committee for operational quality and safety issues, both specialist, primary and acute services, with cross-organisational groups reporting to OQSEC. | Complete<br>A template terms of reference and agenda for meetings have been developed. These will be shared with Directorates through the Bronze Command Groups. |
| Rec 3d | To improve quality and safety assurance flows between the directorates and the Board, the Health Board should:<br>d) Introduce a standardised report template for all directorates to submit to the Operational QSESC, with a summarised version submitted to the QSEAC | Options for standardising the approach to quality and safety arrangements agreed. This includes templates for terms of reference and standardise reports (see recommendation 1).   | Complete<br>A template terms of reference and agenda for meetings have been developed. These will be shared with Directorates through the Bronze Command Groups. |
| Rec 4  | To improve the focus of the Operational QSESC, the sub-committee should incorporate within its  | Options for standardising the approach to quality and safety arrangements agreed. This includes  | Complete   |

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|       | <p>activities assurance that learning from risks and action plans is being shared across directorates. Risks that should be discussed should include severe and high risks, as well as risks that are affecting a number of directorates.</p>   | <p>templates for terms of reference and standardise reports (see recommendation 1).</p> <p>Agreement that risks and learning will be embedded into the standard reporting templates. The templates will also advise on how learning from risks and action plans are being shared across Directorate and other areas.</p> <p>Deep dives are currently being discussed at each QSESC meeting and will continue, these will support in-depth conversation required. The Risk Registers are to be used to inform these.</p> <p>A Listening and Learning Group is being established to facilitate shared learning across the organisation. Reporting arrangements for the group will be finalised and endorsed through QSEAC.</p> | <p>The Listening and Learning Sub Committee is now operational with templates for reporting and sharing of learning.</p>          |
| Rec 6 | <p>To support effective use of limited corporate team resources, the Health Board should consider bringing together county and hospital directorate governance arrangements in line with the arrangements now in place for the Executive Performance Reviews. This can be done at specific intervals during the year.</p> | <p>Whilst this recommendation is accepted the approach and arrangements to facilitate this will require further consideration with the Director of Operations and chairs of the various quality meetings.</p> <p>Meeting to be held to work through the arrangements and options to enable effective join up of governance meetings periodically throughout the year.</p>  | <p>Complete</p> <p>Meeting chaired by the DoNQ on 18/11/2019 to discuss the revised reporting arrangements/assurance - QSEAC.</p> |
| Rec 7 | <p>To support the directorate governance arrangements, the Health Board should expedite</p>   | <p>Task and finish group established which is jointly chaired by the Director of Nursing and Director of</p>   | <p>Complete</p>   |

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|  | the rollout of the directorate based quality and safety dashboards. | Planning.<br>The work of the task and finish group has been expedited. A project plan is in place including agreement of the priority indicators to be populated and rolled out to directorates. | Dashboard available in IRIS which allows filtering to directorate, speciality and location level. |
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## Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to receive assurance that the agreed actions against all recommendations have now been implemented.

### **Amcanion: (rhaid cwblhau)**

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

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| Committee ToR Reference<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor   | 5.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                       | Not applicable   |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):   | Governance, Leadership and Accountability<br>2. Safe Care<br>3. Effective Care   |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:   | All Strategic Objectives are applicable  |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Statement</a> | Improve efficiency and quality of services through collaboration with people, communities and partners   |

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

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| Ar sail tystiolaeth:<br>Evidence Base:   | Not applicable   |
| Rhestr Termiau:<br>Glossary of Terms:  | Associate Medical Director (AMD)<br>Operational Quality, Safety and Experience Sub-Committee (OQSEC)<br>Quality, Safety and Experience Assurance Committee (QSEAC)<br>Wales Audit Office (WAO) |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: | Director of Nursing, Quality and Patient Experience<br>Medical Director and Director of Strategy<br>Executive Director of Therapies and Health Science<br>Board Secretary                      |

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| Parties / Committees consulted prior to Audit and Risk Assurance Committee: | Assistant Director of Nursing, Assurance and Safeguarding |
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| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b> |   |
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| <b>Ariannol / Gwerth am Arian:<br/>Financial / Service:</b>     | N/A   |
| <b>Ansawdd / Gofal Claf:<br/>Quality / Patient Care:</b>        | Requirement to implement changes to strengthen Governance arranges in relation to quality Governance committee arrangements |
| <b>Gweithlu:<br/>Workforce:</b>                                 | Staff release to attend meetings – recommendations should streamline and enhance Governance arrangements                    |
| <b>Risg:<br/>Risk:</b>  | Risks to concerns not being escalated, adequately if arrangements are not in place  |
| <b>Cyfreithiol:<br/>Legal:</b>                                  | N/A   |
| <b>Enw Da:<br/>Reputational:</b>                                | Need strong Governance arrangements to ensure there is appropriate escalation of risks                                      |
| <b>Gyfrinachedd:<br/>Privacy:</b>                               | N/A   |
| <b>Cydraddoldeb:<br/>Equality:</b>                              | All reports to new committee structure will complete EQiA as this becomes established                                       |