



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 October 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality, Safety and Experience Assurance Committee Report: Discharge of Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Mandy Rayani, Director of Nursing, Quality and Patient Experience

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 provide assurance to the Audit & Risk Assurance Committee that during 2019/2020, the Quality, Safety and Experience Assurance Committee's (QSEAC) terms of reference, as agreed by the Board, were appropriately discharged, and that risks within its remit to monitor and review were effectively managed.

The Committee is asked to note the content of this report and comment on any issues in respect of the operation of QSEAC going forward.

Cefndir / Background

The External Governance Review undertaken during 2015 recommended that the Executive Lead of each Board level Committee attend the Audit & Risk Assurance Committee (ARAC) on an annual basis to allow the Committee the opportunity to scrutinise the controls and assurances on which it relies, agreeing actions where appropriate.

The establishment and effective operation of Board committees within individual NHS bodies form a key component of their governance and assurance framework. They enable the Board to fulfil its responsibilities by:

- Providing advice on strategic developments and specific aspects of business;
- Gaining assurance on key aspects of activity and organisational performance supporting achievement of the organisations strategic goals; and
- Carrying out specific responsibilities on the Board's behalf.

The QSEAC has been established as a committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st October 2009. The Committee has evolved over the years, and on 1st June 2015 the Committee took on an enhanced role and was re-named the QSEAC.

Asesiad / Assessment

1. Governance

1.1 Reporting Arrangements

QSEAC is directly accountable to the Board for its performance. A formal written report is prepared for the Board following each QSEAC meeting to provide assurance and to advise on the business undertaken on its behalf. The report includes actions taken by the QSEAC on behalf of the Board.

A full set of the papers for each Committee meeting is routinely made publicly available from the Health Board's website, whilst also providing an annual report to the Board; the latest QSEAC annual report to Board can be accessed via [this weblink](#).

1.2 QSEAC Meetings

The QSEAC routinely meets on a bi-monthly basis. During 2019/2020, the Committee met on six occasions, as follows:

- 4th April 2019
- 4th June 2019
- 1st August 2019
- 3rd October 2019
- 3rd December 2019
- 4th February 2020

There was quorum at each Committee meeting. The agenda, papers and approved minutes are available on the Health Board's website and can be accessed via [this weblink](#).

1.3 Support for Committee Members

Committee members are supported in the effective performance of their function through a Committee handbook. The aim of the handbook is provide information and guidance regarding the Committee's business, management and supporting structure.

1.4 Terms of Reference

A review of the corporate governance structure/arrangements was undertaken following the appointment of a new Health Board Chair in August 2019. The [terms of reference \(v08\)](#) were presented to the Board on 26th March 2020.

1.5 Purpose of QSEAC

The purpose of QSEAC is to:

- Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
- Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the University Health Board.
- Provide assurance that the Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate.
- Assure the development and delivery of the enabling strategies within the scope of the Committee, aligned to organisational objectives and the Annual Plan/Integrated Medium Term Plan for sign off by the Board.
- Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided across the breadth of the organisation's functions, is based on sound evidence, clinically effective and meeting agreed standards.

1.6 Sub-Committees of QSEAC

To support QSEAC in discharging its responsibilities there are eight sub-Committees which report to it. The sub-Committees reporting to QSEAC during 2019/20 were as follows:

1.6.1 Operational Quality, Safety and Experience Sub-Committee

The purpose of the Operational Quality, Safety and Experience Sub-Committee is to focus on both acute and primary and community services quality and safety governance arrangements at an operational level, bringing together accountability and ownership for those quality and safety issues to be resolved operationally, freeing up the QSEAC to be more strategic in its approach and providing an upward assurance.

1.6.2 Mental Health and Learning Disabilities Quality Safety and Experience Sub-Committee

The purpose of the Mental Health and Learning Disabilities Quality Safety and Experience Sub-Committee is to focus on quality and safety governance arrangements at an operational level (Mental Health & Learning Disability Services), bringing together accountability and ownership for those quality and safety issues that can only be resolved operationally, freeing up the QSEAC to be more strategic in its approach.

1.6.3 Improving Experience Sub-Committee

The purpose of the Improving Experience Sub-Committee is to:

- Provide assurance that a focus on improving patient experience is integrated into Health Board functions and influences the direction for service delivery in the short and long term, and provide regular reports, evidencing changes/improvements to services as a result of patient feedback.
- Oversee and steer the direction of patient experience in the Health Board, and promote a culture of positive patient experience.
- Oversee the development and delivery of the Board's Strategy(ies) for reactively gathering patient experience and proactively seeking patient and public engagement and involvement in equitable and inclusive ways, in line with the values and vision of the Board, consistent with the Quality Improvement Framework and Strategy; and the Integrated Medium Term plan for consideration by the QSEAC, before approval by the Board.
- Oversee the development and delivery of an implementation plan for the public and patient engagement strategy, agreeing corrective actions where necessary and monitoring its effectiveness against an annual action plan.
- Provide assurance on all matters relating to Concerns (Claims, Incidents and Complaints) across the Hywel Dda Community and provide assurance that the arrangements are consistent with the all Wales recommendations following the Keith Evans' Report and the Putting Things Right Regulations and associated Guidance.
- Identify issues and make recommendations ensuring that the statutory accountability of the Board is maintained. The Committee will also ensure, via the Quality, Safety and Experience Sub-Committees, that any learning from events is shared across the organisation and primary care contractors to improve quality of service and standards.

1.6.4 Strategic Safeguarding Sub-Committee

The purpose of the Strategic Safeguarding Sub-Committee is to assist the University Health Board and the QSEAC to deliver its statutory and mandatory responsibilities in relation to the safeguarding duty. In particular, the Sub-Committee will seek to provide assurance to the Board via the QSEAC, that an appropriate system for safeguarding of children and adults accessing health care or health care premises is in place across the University Health Board and the relevant guidance and standards are being achieved or worked towards in order to reduce risk and ensure the safety and delivery of high standards. Members of the Strategic

Safeguarding Sub-Committee will need to reflect multi professional representation of individuals with safeguarding expertise.

1.6.5 Workforce and Organisational Development Sub-Committee

The purpose of the Workforce and Organisational Development Sub-Committee is to provide assurance to the QSEAC on compliance with legislation, guidance and best practice around the workforce and organisational development agenda.

The principal duty of the Sub-Committee is to develop and monitor the implementation of the UHB's workforce and organisational development strategy and action plans.

1.6.6 Effective Clinical Practice Sub-Committee

The purpose of the Effective Clinical Practice Sub-Committee (ECPSC) is to provide assurance to the QSEAC that robust arrangements are in place for the delivery of safe, effective, evidence based clinical practice across all Health Board activities as part of core business, focused on improving clinical outcomes and the patient experience and reducing unwarranted clinical variation.

The Sub-Committee is process focused, providing assurance on safe, effective, evidence-based clinical practice. Ineffective practice is not monitored by the Sub-Committee: this is a function of the Operational Quality, Safety and Experience Sub-Committee's risk management. However, reviews of practice in operational departments may uncover issues that require support or input from ECPSC, such as the commissioning and review of local written control documents, a recommendation for auditing, or an application for use of a procedure.

1.6.7 Infection Prevention and Control Sub-Committee

The purpose of the Infection Prevention Sub-Committee is to provide assurance to the QSEAC around all matters relating to the prevention of infection.

The Sub-Committee:

- Ensures that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in infection prevention and control.
- Oversees plans for the management of outbreaks within the Health Board or the community and monitor implementation.

1.6.8 Medicines Management Sub-Committee

The purpose of the Medicines Management Sub-Committee is to provide assurance to the QSEAC that robust arrangements are in place for the delivery of safe, effective, evidence-based medicines management across the Health Board, and to develop the strategy for medicines management focused on improving clinical outcomes, patient experience and reducing unwarranted clinical variation.

2. Purpose

The Committee can demonstrate that it has met its purpose through the agenda, papers and minutes of meetings held during 2019/2020. A summary of how the Committee has met its purpose is as follows:

Purpose	Assessment
Provide assurance that a focus on improving patient experience is integrated into Health Board functions and influences the direction for service delivery in the short and long term, and	The QSEAC has eight sub-committees, which assist the Committee to discharge its responsibilities (as detailed above in section 1).

<p>provide regular reports, evidencing changes/improvements to services as a result of patient feedback.</p> <p>Provide assurance on all matters relating to Concerns (Claims, Incidents and Complaints) across the Hywel Dda Community and provide assurance that the arrangements are consistent with the all Wales recommendations following the Keith Evans' Report and the Putting Things Right Regulations and associated Guidance.</p>	<p>During 2019/2020, the Committee received at each meeting a Quality Assurance Report. The report provides QSEAC with an overview of quality and safety across the Health Board, incorporating two domains of assurance and improvement. The quality assurance information within the report includes a summary of data, intelligence and actions to provide high quality care against the core quality assurance process that exist within the Health Board and the core quality and safety indicators.</p> <p>The quality improvement information within the report includes an update on work, relating to the key areas of improvement that are being taken forward across the Health Board.</p>
<p>Oversee and steer the direction of patient experience in the Health Board, and promote a culture of positive patient experience.</p>	<p>The Committee has received and considered a number of strategies and annual reports. The Committee received the Annual Quality Statement 2018/2019 and supported ratification through Chair's action.</p> <p>The Committee also received updates with regards to development of the Annual Quality Statement for 2019/2020.</p> <p>QSEAC supported the production the Charter for Improving Patient Experience. The Charter and associated posters have been co-produced with patients and the community and are based on what matters to them when accessing care and treatment, to enable a positive experience. The Charter was approved by the Board in February 2020.</p>
<p>Identify issues and make recommendations ensuring that the statutory accountability of the Board is maintained. The Committee will also ensure, via the Quality, Safety and Experience Sub-Committees, that any learning from events is shared across the organisation and primary care contractors to improve quality of service and standards.</p>	<p>The Chair of QSEAC provided a written report for Board following each QSEAC meeting. The reports outlined the areas considered by QSEAC, the key risks and issues, and the matters that the QSEAC recommended that Board consider.</p>

3. Changes in 2020/21 and any other potential future changes

3.1 Committee and Sub-Committee Structure

Following the appointment of the Chair in August 2019, a review of the current corporate governance arrangements, in consultation with all Board Members and senior staff, was undertaken, and the outcomes from this review were presented to the Board on 30th January 2020 for approval.

The Board considered the QSEAC terms of reference in March 2020 and approved a reduction in the number of QSEAC sub-committees. The current sub-committees of QSEAC are:

- Operational Quality, Safety and Experience Sub-Committee
- Listening and Learning Sub-Committee
- Research and Development Sub-Committee

The reporting arrangements and terms of reference for five sub-committees that are no longer operating are being, or have been, reviewed.

3.2 Maintaining Good Governance During the Pandemic

The Quality, Safety & Experience Assurance Committee has continued to meet bi-monthly during the pandemic. A monthly COVID-19 QSEAC was also held in the alternate month to the normal bi-monthly meeting.

A fortnightly meeting, which has very recently been stood down, was also held between the Chair of QSEAC and the Director of Nursing, Quality and Patient Experience.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to note the content of this report and take assurance that the Quality, Safety & Experience Assurance Committee has been operating effectively during 2019/2020.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.8 Invite Lead Directors of Board level Committees to attend the Audit & Risk Assurance Committee at least annually to receive assurance that they are effectively discharging their Terms of Reference.
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:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Terms of Reference: <ul style="list-style-type: none"> • Quality, Safety & Experience Assurance Committee
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Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the report
Gweithlu: Workforce:	Implicit within the report
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable