

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 December 2019
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 and Risk Assurance Committee that during 2018/19, 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 and 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 meets on a bi-monthly basis. During 2018/2019, the Committee met on six occasions, as follows:

- 10th April 2018
- 12th June 2018
- 14th August 2018
- 16th October 2018
- 4th December 2018
- 5th February 2019

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](#).

1.2 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.

1.3 Terms of Reference

The terms of reference for QSEAC in operation during 2018/19 were reviewed and approved by the Committee at its meeting on 20th February 2018. The terms of reference (v05) were presented to the Board for approval on 29th March 2018.

In line with the requirement for annual review, the QSEAC reviewed the terms of reference at its meeting of 5th February 2019. The terms of reference were approved by the Committee through Chair's Action and presented to the Board for approval on 28th March 2019. The revised approved terms of reference (v07) are available on the Health Board's website and can be accessed via [this weblink](#).

QSEAC works alongside the Health Board's other assurance committees to provide assurance to Board in a co-ordinated manner. QSEAC and the Audit and Risk Assurance Committee (ARAC) in particular both have a role in seeking and providing assurance to the Board, with ARAC concentrating on areas of significant clinical risk, control or assurance arising from financial pressures and QSEAC seeking more detail on the clinical outcomes, and improvements made as a result of clinical audit, and learning from patient's experience.

1.5 Purpose of QSEAC

The purpose of QSEAC is to:

- Scrutinise, assess and seek assurance in relation to the patient impact and experience, quality and health outcomes of the services provided by the Board.

- Ensure the University Health Board has a quality, safety and patient experience focus that underpins and informs all decisions of 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 commissioned 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 (including Workforce and Organisational Development, Patient and Public Engagement, Equalities and Human Rights); aligned to organisational objectives and the 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 (including those provided external to the organisation such as the minutes of the Quality & Safety meetings of the Joint Committees) is based on sound evidence, clinically effective and meeting agreed standards.
- Provide assurance to the Board in relation to the organisation's arrangements for all strategic issues relating to human resources, professionals standards and registration/revalidation, workforce development and organisational development to deliver safe, high quality care and good outcomes and deliver the Board's strategy, plans and standards.

1.5 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 2018/19 were as follows:

1.5.1 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.

1.5.2 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.

1.5.3 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.

1.5.4 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.

1.5.5 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.

1.5.6 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 be 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.

1.5.7 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.

1.5.8 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 and Key Responsibilities

The Committee can demonstrate that it has met its purpose and key responsibilities during 2019 as follows:

Purpose	Assessment
<p>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.</p> <p>Oversee and steer the direction of patient experience in the Health Board, and promote a culture of positive patient experience.</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>The QSEAC has eight sub-committees which assist the Committee to discharge its responsibilities (as detailed above in section 1). The Improving Experience Sub-Committee provides, following each meeting, a report to the Committee which relate to complaints/concerns management and outcomes, including reference to Ombudsman reports. The Sub-Committee also works to bring together the learning from all patient concerns (complaints, claims and incidents), as well as the experience of vulnerable groups; carers and information gathered from the public engagement work undertaken.</p> <p>During 2018/19, the Assurance, Safety & Improvement Team Report to Board evolved to ensure that the QSEAC was able to meet its responsibilities. In October 2018, the Committee agreed that a hybrid quality and safety dashboard would be used in the interim whilst the Quality and Safety Dashboard was developed. The report covered the five key priority areas agreed by QSEAC:</p> <ul style="list-style-type: none"> • Pressure Damage • Falls • Sepsis • Health Care Acquired Infections • Hospital Acquired Thrombosis <p>During the year, the Committee also received reports on Board to Floor (Patient Safety) WalkAround Visits, inspections undertaken by external agencies such as Healthcare Inspectorate Wales (HIW).</p>

<p>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.</p> <p>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.</p>	<p>The Committee has received and considered a number of strategies and annual reports. In June 2018, the Committee received and approved the Final Draft Quality Improvement Strategic Framework. The Committee also considered the draft Annual Quality Statement and supported ratification through Chair's action.</p> <p>QSEAC also approved the development of the Patient Experience Charter (to replace the previous Improving Experience Strategy) and requested this be developed via a process of co-production and engagement work.</p> <p>The Committee will also oversee the implementation plan and governance framework associated with the Charter and the patient experience programme which will commence from 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> <p>In 2018/19, the Chair of QSEAC escalated to Board the following:</p> <ul style="list-style-type: none"> • Risks and issues in regard to the sustainability of Sexual Assault Referral Centre (SARC) services in Swansea. • Patient quality and safety concerns due to the ongoing challenges in regard to medical recruitment within mental health services, where medical resources will be re-directed to provide essential medical cover where necessary. • Concerns in regard to patient impact once the refurbishment works on the aseptic units commence. • Concerns regarding the dermatology pathway due to a lack of Consultant capacity. • Concerns raised in regard to delayed follow up appointments within Hywel Dda. • The impact on patient outcomes due to delays in vascular service provision. • The fragility of Mental Health Services • Concerns regarding learning from safeguarding reviews which regularly identify poor record keeping, information sharing and communication to be addressed both in action plans and in staff training.

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| | <ul style="list-style-type: none">• Key service risks facing the Cellular Pathology (Histopathology) service. |
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3. Changes in 2019/20 and any other potential future changes

Wales Audit Office Review of Operational Quality and Safety Arrangements

As part of the Wales Audit Office (WAO) 2018 audit plan for the Health Board, the WAO included local work to review the Health Board's operational quality and safety arrangements. This review commenced in September 2018 and asked the question are the Health Board's operational quality and safety arrangements and structures effective?

In undertaking the work, the WAO examined the arrangements and structures at a directorate and corporate level. The arrangements and structures at a committee level were also considered.

In the report issued in June 2019, the WAO found that the Health Board has some 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 is not as effective as it could be.

A meeting to consider the recommendations, and the Health Board response to the recommendations, was held with the Director of Nursing, Quality and Patient Experience, Medical Director and Director of Strategy, the Executive Director of Therapies and Health Science and the Board Secretary attending. The report has been presented to the ARAC and QSEAC who supported the proposed management response/action plan. Work is underway to implement the management response.

QSEAC Committee Handbook

The QSEAC Committee handbook was updated in April 2019 to reflect the revised terms of reference approved by Board in March 2019.

Quality and Safety Assurance Report

In early 2019/20, the Quality and Safety Dashboard and Associated Quality Report has been replaced by a Quality and Safety Assurance Report. This report provides the Committee 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.

There are a number of core quality assurance processes in use across the organisation; these include Board to Floor WalkArounds, feedback on experiences of care, service specific spot checks, and clinical audit. An overview of quality is further obtained through analysis of quality and safety indicators; these include incidents resulting in harm, serious incidents (SI), and complaints. Near misses are also reviewed.

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.

The Health Board's Quality Improvement Strategic Framework was launched on 21st March 2019. The approach to quality improvement will ensure consistent and well-understood use of

methods and tools to continuously improve the way we do things. The Health Board's quality improvement goals (2018-2021) are no avoidable deaths; protect patients from avoidable harm from care; reduce duplication and eliminate waste; reduce unwarranted variation and increase reliability; and focus on what matters to patients, service users, their families and carers.

The Quality and Safety Assurance Report will be further strengthened during 2019/20 to ensure that it allows the QSEAC to meet its responsibilities.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to note the content of this report and take assurance that the Quality, Safety and Experience Assurance Committee has been operating effectively during 2018/19.

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
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / 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