

PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 October 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality, Safety and Experience Assurance Committee Assurance Report around the Discharge of their Terms
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	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 paper is to provide assurance to the Audit & Risk Assurance Committee that during 2020/2021, 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 report provides assurances in respect of the work that has been undertaken by QSEAC during 2020/21, and outlines the main achievements that have contributed to robust integrated governance across the University Health Board (UHB).

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.

1.2 QSEAC Meetings

The QSEAC 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. The Committee has met on:

- 7th May 2020 (extraordinary meeting)
- 9th June 2020
- 7th July 2020
- 13th August 2020
- 6th October 2020
- 13th November 2020 (extraordinary meeting)
- 1st December 2020
- 14th January 2021 (extraordinary meeting)
- 2nd February 2021
- 16th March 2021

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

The terms of reference for the committee are reviewed by the committee annually and presented to the Board for approval. The Board approved the terms of reference followed during 2020/21 on 28th May 2020 (version 09).

To note: on 29th July 2021, the Board approved a revised terms of reference ([version 12.0](#)), which included a change of committee name to the Quality, Safety and Experience Committee.

1.5 Purpose of QSEAC

These terms of reference clearly detail that the Committee's purpose 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.

- To receive an assurance on delivery against relevant Planning Objectives aligned to the Committee, in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.
- 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

During 2020/21, a review of the sub-committees reporting to QSEAC was undertaken. As a result, there was an agreement that the number of sub-committees would reduce. In summary the Sub-Committees of QSEC are:

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 Listening and Learning Sub-Committee

The purpose of the Listening and Learning Sub-Committee is to provide clinical teams across the Health Board with a forum to share and scrutinise learning from concerns, and to share innovation and good practice. The Sub-Committee also provides a forum to promote changes and innovations to service delivery and ensure that best practice is shared and areas of concern are highlighted and communicated to the responsible officer or Board Committee/Working Group.

1.6.3 Research and Development Sub-Committee

The purpose of the Research and Development Sub-Committee is to assure the Board, via the Quality, Safety and Experience Assurance Committee (QSEAC), that it is discharging its functions and meeting its responsibilities with regards to the quality and safety of research activity carried out within the organisation. The guiding principles are a clear strategy; clear governance and performance management; and working within budget constraints. The Sub-Committee promotes and supports involvement in high quality, multi-disciplinary and multi-agency healthcare research, promote evidence-based healthcare, build research capacity and foster a research culture, including patient/public involvement where appropriate. It facilitates collaboration with the Research and Academic community to maximise outcome and impact for the Health Board and the patients it serves.

2. Purpose

The Committee can demonstrate that it has met its purpose through the agenda, papers and minutes of meetings held during 2020/2021. A summary of how the Committee has met its purpose is as follows:

Purpose	Assessment
Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board	During 2020/2021, 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,

	<p>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>The Committee also, in response to the COVID-19 pandemic, increased the meeting frequency from bi-monthly to monthly with alternative meetings focussing on COVID-19.</p>
<p>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.</p> <p>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.</p> <p>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.</p> <p>Provide assurance that the organisation is discharging its functions and meeting its responsibilities with regards to the quality and safety of research activity carried out within the Health Board.</p>	<p>The Chair of QSEAC provided a written report for Board following each QSEAC meeting. The report outlined the key decisions and matters considered by the Committee, matters requiring Board level consideration or approval; and key risks and issues / matters of concern.</p> <p>During 2020/21, the following key risks and issues were highlighted to Board:</p> <ul style="list-style-type: none"> • Patient feedback during COVID-19 pandemic (May 2020) • COVID-19 risk report (July 2020) • Corporate risk report (July 2020) • Research and Development (R&D) restart activity report (September 2020) • Risk 628: Fragility of therapy provision across acute, community and primary care services (November 2020) • Assurance reports winder planning on risks 129 and 810 (November 2020) • Mortality review of the impact on patients waiting for a procedure during the COVID-19 pandemic (November 2020) • Update regarding field hospital utilisation and the outcome from the Healthcare Inspectorate Wales (HIW) inspections (November 2020) • Specialist Children’s and Adolescent Mental Health Services (S-CAMHS) report (January 2021) • COVID-19 impact on essential services report (January 2021) • Hospital COVID-19 outbreak update report (January 2021) • Corporate risks aligned to QSEAC: escalation of risk 684 (March 2021) • Commissioned services: Long term agreement and quality assurance update (March 2021)

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.	The QSEAC has three sub-committees, which assist the Committee to discharge its responsibilities (as detailed above in section 1).
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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 operated effectively during 2020/2021.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.9 Invite Lead Directors of Board level Committees to attend the Audit and Risk Assurance Committee at least annually to receive assurance that they are effectively discharging their Terms of Reference and ensuring that principal risks are being managed effectively.
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 Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Terms of Reference: <ul style="list-style-type: none"> Quality, Safety and Experience Assurance Committee
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
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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