# Listening and Learning Sub-Committee

## TERMS OF REFERENCE

| Version | Issued to: | Date | Comments |
|---|---|---|---|
| V0.1 | Listening and Learning Sub-Committee | 03/06/2020 | Approved |
| V0.1 | Quality Safety & Experience Assurance Committee | 09/06/2020 | |
| V0.2 | | | |
| V0.3 | | | |
| V0.4 | | | |
| V0.5 | | | |
| V0.6 | | | |
| V0.7 | | | |
| V0.8 | | | |

## 1. Constitution

The Listening and Learning Sub-Committee has been established as a Sub-Committee which will report in to Quality, Safety and Experience Assurance Committee.

## 2. Membership

2.1 The membership of the Sub-Committee shall comprise:

| Title |
|---|
| **Core Membership** |
| Health Board Chair (Chair) |
| Independent Member ( Vice Chair) |
| Independent Member |
| Deputy Medical Director (Acute Services) |
| Associate Medical Director (Primary Care & Community) |
| Associate Medical Director (Quality and Safety) |
| Assistant Director (Legal Services/Patient Experience) (Lead Officer) |
| Assistant Director of Nursing (Quality Improvement/Service Transformation) |
| Assistant Director of Nursing (Operational Nursing & Quality Acute Services) |
| Clinical Director, Therapies and Health Science |
| Senior Member Triumvirate Team – Mental Health/Learning Disabilities |
| Head of Quality & Governance |
| Concerns Manager |
| Head of Legal Services/Solicitor |
| Patient Experience Manager |
| Head of Health, Safety & Security |
| Ombudsman Liaison Manager |
| Risk & Assurance representative |
| Service representatives – invited according to agenda |

2.2 The membership of the Sub-Committee will be reviewed on an annual basis (6 months initially).

## 3. Quorum and Attendance

3.1 A quorum shall consist of a minimum of 5 members, one of whom must be the Chair or Vice Chair).

3.2 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

3.3 Should any officer member be unavailable to attend, they may nominate a deputy to attend in their place subject to the agreement of the Chair.

3.4 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## 4. Purpose

4.1 The Sub-Committee will provide clinical teams across the Health Board with a forum to share and scrutinise learning from concerns arising from the following, and to share innovation and good practice:

- Complaints;
- Incidents and near misses;
- Inquests
- Claims;
- Clinical Audit;
- Patient Stories and experience feedback;
- Surveys;
- WAO and Internal Audit Reports;

- External reports e.g. CHC
- Fundamentals of Care Surveys;
- National Audit Reports;
- Learning from national agencies, e.g. NPSA.

4.2 The Sub-Committee will also provide 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.

4.3 The Sub-Committee is responsible for triangulating data, and identifying themes/emerging trends.

4.4 The Sub-Committee will identify learning points and changes to practice evolving from investigation and review of concerns, and identifying themes and trends arising out of this work. This will help provide the Health Board with assurance that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management. It will also provide a platform for the data streams from the many patient experience mechanisms to be reviewed to ensure that any learning or suggestions and changes can be considered and contribute to any changes to practice and service developments.

## 5. Key Responsibilities

5.1 Ensure that the learning from the investigation of concerns (incidents, complaints and claims, health and safety incidents) is shared with and communicated with clinical teams across the Health Board.

5.2 Ensure that the patient experience informs the evaluation of known or emerging concerns or challenges with clinical services, and solutions to improve the quality and safety of the services provided by the Health Board.

5.3 To provide a safe and open forum for peer review and support for the investigation processes and recommendations or learning arising from this work.

5.4 Identify themes and trends from feedback, external reviews and through other patient experience mechanisms such as surveys and patient stories. These will be represented by speciality, ward, clinical area, directorate and hospital.

5.5 Request ‘deep dive’ reviews into any areas of concern highlighted by the review of emerging themes/trends. Escalate any immediate areas of concern to the relevant group/committee or senior staff, as appropriate.

5.6 Consider actions that have been or are proposed to be implemented following investigations into concerns and consider where actions can be shared with other services to ensure that best practice and improvements to the quality and safety of patients and learning is disseminated across the Health Board.

5.7 Receive assurance on development of lessons learnt actions plans following external review, such as PSOW; HIW; Audit, CHC, and a compliance check review process, to ensure ongoing monitoring and implementation.

5.8 Seek assurance reports from relevant partnerships, and consider the actions required in relation to any issues identified.

5.9 Agree issues to be escalated to Directorate and Health Board Governance and Assurance Committees with suggestions for action.

## 6. Agenda and Papers

6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or the Vice Chair, at least **two** weeks before the meeting date.

6.2 The agenda will be based around the work plan and action log from previous meetings, issues emerging throughout the year and requests from Sub-Committee members. Following approval, the agenda and timetable for papers will be circulated to all members.

6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.

6.5 The minutes and action log will be circulated to members within **Seven** days to check the accuracy.

6.6 Members must forward amendments to the Secretary within the next **seven** days. The Secretary will then forward the final version to the Chair for approval.

## 7. Frequency of Meetings

7.1 The Sub-Committee will meet monthly and shall agree an annual schedule of meetings.

## 8. Accountability, Responsibility and Authority

8.1 The Sub-Committee will be accountable to the Quality, Safety and Experience Assurance Committee for its performance in exercising the functions set out in these terms of reference.

8.2 The Sub-Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

## 9. Reporting

9.1 The Sub-Committee through its Chair and members, shall work closely with the Directorate Governance Committees, to provide evidence of learning, assurance and emerging clinical risks to the Board through the:

9.1.1 Timely reporting of emerging trends, themes and hotspots
9.1.2 Sharing of learning from concerns and best practice

9.2 In doing so the work of the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuing that all sources of assurance are incorporated.

9.3 The Sub-Committee may, subject to the approval of the QSEAC establish groups or task and finish groups to carry out focused time sensitive pieces of work based on the assessment of data and risk assessment.

9.4 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:

9.4.1 Report formally, regularly and on a timely basis to the Directorate Governance and Concerns meetings and to QSEAC on the Sub-Committee's activities.

9.4.2 Bring any actual or emerging problems or clinical risks to the attention of the Directorate Governance and Concerns meetings and to QSEAC

## 10. Secretarial Support

10.1 The Secretary shall be determined by the Chair of the Sub-Committee.

## 11. Review Date

11.1 These terms of reference will be reviewed within 6 months.