

Enw'r Pwyllgor / Name of Committee	Quality, Safety and Experience Assurance Committee (QSEAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Ms Anna Lewis
Cyfnod Adrodd/ Reporting Period:	Meeting held on 2 nd February 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • Annual Review of QSEAC Terms of Reference: QSEAC approved the Committee's Terms of Reference, subject to the inclusion of the Assistant Director of Therapies and Health Sciences in the membership. • Primary Care Presentation – Penally Camp Update: QSEAC received a presentation regarding continuing challenges experienced in providing primary care services to the residents of Penally Camp. QSEAC received assurance surrounding the provision of services despite the challenges involved, noting that concerns regarding the suitability of the camp remain on the Board's agenda in a clear and transparent way. QSEAC expressed thanks to all involved for the professional and compassionate manner in which the work undertaken has been progressed, in order to support the camp's residents • Corporate Risks Assigned to QSEAC: QSEAC received the Corporate Risk Register report and agreed that further assurance is required on how Risk 1032, and the impact on patients from delays to assessment and diagnosis for Mental Health and Learning Disabilities, can be mitigated. QSEAC also supported the escalation to Board of the deterioration in Risk 684 and the barriers that are preventing progress on the replacement programme for radiology equipment, whilst recognising that the Health Board is awaiting funding acknowledgement from Welsh Government (WG). • Risk 633 – Cancer Pathway: QSEAC received an update on Risk 633 – Cancer Pathway, focusing on the improvement actions that have been implemented to mitigate the risk of the impact of COVID-19 on meeting the 75% Single Cancer Pathway (SCP) target by March 2022. QSEAC received assurance that mitigating actions are in place with progress to be reported back to the Committee in August 2021. • Impact on Research Activity of Redirection of Staff Resource to the Operational Pandemic Response: QSEAC received a verbal update on the impact on research activity of the redirection of staff to the operational pandemic response. It was noted that despite the instruction and expectation from UK and WG to prioritise COVID-19 research trials, research teams within HDdUHB have been affected by COVID-19 related absences, leading to a 40-50% reduction in staff capacity, making it difficult to maintain performance levels; these are, however, monitored on a weekly basis. • Wales Ambulance NHS Trust: Incidents and Impacts: QSEAC received the WAST Patient Safety Experience Report, focusing on patient safety and 	

experience, and the ongoing collaborative work undertaken around incident profiles and patterns of harm. It was agreed to present a further update to the Committee later in the year on the progress made on the initiatives.

- **Quality and Safety Assurance Report:** QSEAC received the Quality and Safety Assurance Report, with attention drawn to the high volume of under 18 year old admissions to mental health wards within HDdUHB, however assurance was provided that the situation had been reviewed at a formal Quality Panel and that each case had been reviewed, establishing that admission was in the best interest of the individual. Given concerns around the significant number of pressure ulcer reports made without stipulating whether these were avoidable or unavoidable, assurance was provided that plans are in place to standardise the scrutiny process involved, and that whilst there has been an increase in the number of incidents reported, there has not been an increase in the level of harm incurred. In response to concerns raised regarding access to specialist beds being compromised due to COVID-19 restrictions, assurance was provided that occupants have stayed the minimum amount of time before a community package of care or a more appropriate bed has become available. QSEAC received assurance that monitoring of Putting Things Right, and COVID-related complaints remains ongoing, with use made of the all Wales toolkit in the review of incidents and complaints.
- **Accessing Emergency Specialist Spinal Services:** QSEAC received the Accessing Emergency Spinal Services report, highlighting the improvement in access to spinal services since the implementation of revised pathways in September 2020. HDdUHB is now represented on a network of working groups established by Swansea Bay University Health Board (SBUHB) and Cardiff and Vale University Health Board (CVUHB) to develop a number of pathways to improve access. Further assurance was provided that patient feedback would be reviewed in September 2021 to capture outcomes and that a 120 day follow up via phone call for patient feedback would be implemented to review how well the pathway and system is working. The Committee received assurance from the developments to improve patient access to emergency spinal services.
- **Health and Care Standards Fundamentals of Care (FoC) Audit 2019:** QSEAC received the Health and Care Standards FoC Audit 2019 report, recognising that progress against the work streams had been delayed due to the diversion of resources to the COVID-19 response. QSEAC noted that the Rest and Sleep workstream had been prioritised in the first cohort of the Enabling Quality Improvement in Practice (EQuIP) programme, with improvements relating to this workstream having been implemented to some extent by the use of sleep masks within field hospitals. Work on the second cohort of the EQuIP programme via mini collaboratives would take place during March/April 2021. QSEAC noted that the development of mini collaboratives as an alternative to a top down approach, formed part of the Quality Improvement approach, to facilitate those directly delivering services to determine how best to resolve persistent challenges and assurance was provided that an update would be available in August 2021.
- **Clinical Audit Outcomes Update:** QSEAC received the Clinical Audit Outcomes Update report, demonstrating the positive amount of audit activity undertaken,

despite the mandatory audit programme being suspended by WG to allow Health Boards to allocate resources to the pandemic response. In terms of the National Hip Fracture Database (NHFD), QSEAC noted that HDdUHB hospital sites have achieved 100% in a number of standards in several categories for patients admitted to hospital with hip and femoral fractures and recognised the excellent work contributing to Bronglais General Hospital achieving 5th best in the UK for its National Hip Fracture Database audit outcomes. In relation to the monitoring of improvements from audit outcomes, assurance was provided that audit trackers are used internally to monitor improvement and that an assurance report is submitted to WG and national clinical policy leads. QSEAC noted that feedback from national audits are discussed with cluster leads and, in relation to the National Asthma & Chronic Obstructive Pulmonary Disease Audit Programme (NACAP), outcomes will be considered as cluster plans progress. The Committee received assurance from the benchmarking of current practice with best practice across Wales and the ongoing improvement work undertaken.

- **Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic:** QSEAC received the Mortality Review of the Impact on Patients Waiting for a Procedure During the COVID-19 Pandemic report, acknowledging that the findings in the report provide a mortality-based review of the impact of COVID-19 on patients waiting for treatment; it does not provide any wider findings on the outcomes or experience of patients as it may be too early in the pandemic to draw any conclusions. The Committee received assurance that mortality is subject to robust review and that all mortality data continues to be benchmarked on an all Wales basis.
- **Transcatheter Aortic Valve Insertion (TAVI) – Progress Report Update to Swansea Bay University Health Board (SBUHB):** QSEAC received the TAVI Progress Report Update to SBUHB, noting that an action plan has been developed by SBUHB in response to the 21 recommendations made in the initial external review of the service by the Royal College of Physicians (RCP), with progress nearing completion. QSEAC agreed that the final RCP review would be presented to the Committee for completeness.
- **Commissioned Services: Long Term Agreement (LTA) and Quality Assurance Update:** QSEAC received the Commissioned Services: Long Term Agreement (LTA) and Quality Assurance Update report, noting the progress made to date in the strengthening of discussions to ensure that the quality agenda is addressed through LTA contracts and the contract management process. Assurance was provided that quality is now embedded within all LTAs and that SBUHB and Powys Teaching Health Board have agreed to align quality metrics into 2021/22 contracts. Further assurance was provided that quality is now a standing agenda item at contract management meetings with Quality and Service Leads in attendance, and that patient experience will be incorporated into contracts as a key metric going forward. QSEAC requested further clarification regarding the escalation of quality concerns in order for patients to be confident that this is effective.

- **Listening & Learning Sub-Committee (L&LSC):** QSEAC received the Exception Report from the Listening & Learning Sub-Committee (L&LSC), which was noted by the Committee.
- **Infection, Prevention and Control Update:** QSEAC received the Infection, Prevention and Control Update report, with the Committee assured that small but steady improvement that has been made against the Infection Reduction expectations set out within the NHS Delivery Framework.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar u cyfer / Matters Requiring Board Level Consideration or Approval:

- Ratification of the revised **QSEAC Terms of Reference** (Appendix 1)

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

- **Corporate Risks Assigned to QSEAC:** Escalation of Risk 684: Lack of agreed replacement programme for radiology equipment across UHB; whilst the significance of the concerns has been cited within correspondence to Welsh Government, the Health Board is currently awaiting confirmation of funding.
- **Commissioned Services: Long Term Agreement (LTA) and Quality Assurance Update:** further clarification required regarding the escalation process for quality concerns within LTA contracts to be reported back to QSEAC.

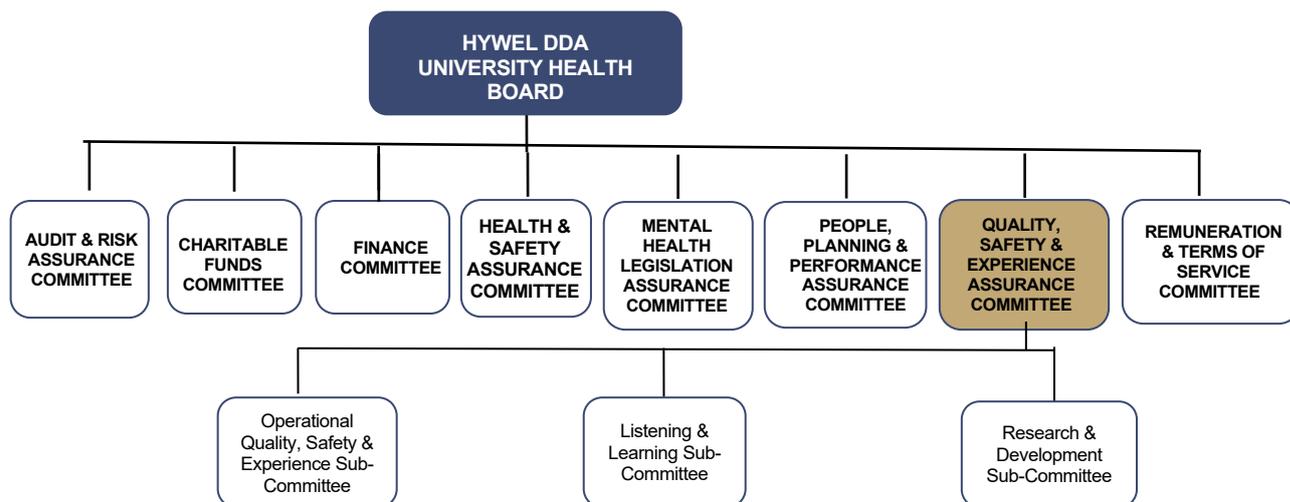
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

16th March 2021



QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Quality Safety & Experience Assurance Committee	16.06.2015	Approved
V0.2	Hywel Dda University Health Board	30 .07.2015	Approved
V0.3	Hywel Dda University Health Board	26.11.2015	Approved
V0.4	Quality Safety & Experience Assurance Committee	18.10.2016	Approved
V.04	Hywel Dda University Health Board	26.01.2017	Approved
V.05	Quality Safety & Experience Assurance Committee	20.02.2018	Approved
V.05	Hywel Dda University Health Board	29.03.2018	Approved
V.06	Quality Safety & Experience Assurance Committee	05.02.2019	Approved via Chair's Action 20.03.2019
V.07	Hywel Dda University Health Board	28.03.2019	Approved
V.08	Hywel Dda University Health Board	26.03.2020	Approved
V.09	Quality Safety & Experience Assurance Committee	07.04.2020	Approved via Chair's Action on 18.05.2020
V.09	Hywel Dda University Health Board	28.05.2020	Approved
V.10	Quality Safety & Experience Assurance Committee	02.02.2021	Approved
V.11	Hywel Dda University Health Board	25.03.2021	For Approval

QUALITY, SAFETY & EXPERIENCE ASSURANCE COMMITTEE

1. Constitution

- 1.1 The Quality & Safety Committee was established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st October 2009. On 1st June 2015, the Committee took on an enhanced role and was re-named the Quality, Safety & Experience Assurance Committee.

2. Purpose

The purpose of the Quality, Safety & Experience Assurance Committee is to:

- 2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
- 2.2 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.
- 2.3 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.
- 2.4 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.
- 2.5 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.
- 2.6 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.

3. Key Responsibilities

The Quality, Safety & Experience Assurance Committee shall:

- 3.1 Provide advice to the Board on the adoption of a set of key indicators of quality of care against which the University Health Board's performance will be regularly assessed and reported on.
- 3.2 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 3.3 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 3.4 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

- 3.5 Ensure the right enablers are in place to promote a positive culture of quality improvement based on best evidence.
- 3.6 Oversee the development and implementation of strengthened and more holistic approaches to triangulating intelligence to identify emerging issues and themes that require improvement or further investigation.
- 3.7 Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims.
- 3.8 Provide assurance to the Board 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.
- 3.9 Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a partnership arrangement. Patient Stories, Patient Charter and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.
- 3.10 Provide assurance to the Board in relation to its responsibilities for the quality and safety of mental health, primary and community care, public health, health promotion, prevention and health protection activities and interventions in line with the Health Board's strategies.
- 3.11 Ensure that the organisation is meeting the requirements of the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations.
- 3.12 Approve the required action plans in respect of any concerns investigated by the Ombudsman.
- 3.13 Agree actions, as required, to improve performance against compliance with incident reporting.
- 3.14 Provide assurance that the Central Alert Systems process is being effectively managed with timely action where necessary.
- 3.15 Provide assurance on the delivery of action plans arising from investigation reports and the work of external regulators.
- 3.16 Approve the annual clinical audit plan, ensuring that internally commissioned audits are aligned with strategic priorities.
- 3.17 Provide assurance that a review process to receive and act upon clinical outcome indicators suggesting harm or unwarranted variation is in place and operating effectively at operational level, with concerns escalated to the Board.
- 3.18 Consider advice on clinical effectiveness, and where decisions about implementation have wider implications with regard to prioritisation and finances, prepare reports for consideration by the Executive Team who will collectively agree recommendations for consideration through relevant Committee structures.
- 3.19 Provide assurance in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people.

- 3.20 Receive the R&D Annual Report for approval prior to submission to the Health and Care Research Wales (to ensure the UHB increases its R&D capacity, research output and research income).
- 3.21 Receive decisions made with regard to significant claims against the Health Board, valued in excess of £100,000, or valued under £100,000, but which raise unusual issues or may set a precedent, and ensure that the learning from such cases is considered, with relevant actions agreed as appropriate.
- 3.22 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.
- 3.23 Assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.
- 3.24 Develop a work plan which sets clear priorities for improving quality, safety and experience each year, together with intended outcomes, and monitor delivery throughout the year.
- 3.25 Review and approve work plans for Sub-Committees to scrutinise and monitor the impact on patients of the Health Board's services and their quality.
- 3.26 Refer quality & safety matters which impact on people, planning and performance to the People, Planning & Performance Assurance Committee (PPPAC), and vice versa.
- 3.27 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

- 4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
5 x Independent Members (including Audit & Risk Assurance Committee Chair and People, Planning & Performance Assurance Committee Chair)

- 4.2 The following should attend Committee meetings:

In Attendance
Director of Nursing, Quality & Patient Experience (Lead Executive)
Medical Director & Deputy CEO
Director of Operations
Director of Therapies & Health Science (Chair of Operational Quality, Safety & Experience Sub-Committee)
Director of Public Health
Director of Primary Care, Community & Long Term Care
Associate Medical Director Quality & Safety
Assistant Director of Nursing, Assurance and Safeguarding
Assistant Director of Therapies and Health Science - Professional Practice, Quality and Safety
Assistant Director, Legal Services/Patient Experience
Hywel Dda Community Health Council (CHC) Representative (not counted for quoracy purposes)

It is expected that Sub-Committee Chairs will attend QSEAC for the purpose of presenting their update reports.

4.4 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than three of the membership, and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 5.3 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.
- 5.4 The Committee may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chairman of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality Safety & Experience Assurance Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the Quality Safety & Experience Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The 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.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Nursing, Quality & Patient Experience) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director, ensuring these are submitted in accordance with the Standard Operating Procedure for the Management of Board and Committees.

- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
 - 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting providing an assurance on the business undertaken on its behalf. The Sub Committees reporting to this Committee are:

- 10.3.1 Operational Quality, Safety & Experience Sub-Committee
- 10.3.2 Listening & Learning Sub-Committee
- 10.3.2 Research & Development Sub-Committee

- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.