



Quality, Safety & Experience Committee Annual Report 2019-20

1. Title of Committee

Quality, Safety & Experience Committee (QSE)

2. Name and role of person submitting this report:

Mrs Gill Harris, Executive Director of Nursing and Midwifery

3. Dates covered by this report:

01/04/2019-31/03/2020

4. Number of times the Committee met during this period:

The QSE Committee was routinely scheduled to meet six times and otherwise as the Chair deemed necessary. During the reporting period, it met formally on six occasions plus two additional workshops were held. Attendance at formal meetings is detailed within the table below. It is confirmed that all formal meetings were quorate although the attendance for the 17.3.20 meeting had been reduced with the agreement of the Chair in light of the Covid-19 pandemic.

Independent Members of the Committee	21.5.19	16.7.19	24.9.19	19.11.19	28.1.20	17.3.20 held virtually ¹
Lucy Reid (Chair)	P	P	P	P	P	P
Cheryl Carlisle	P*	A	P	P*	P*	X
Jackie Hughes	A	P	P	P	P	P
Lyn Meadows	P	P	P	A	P	P

¹Note – the meeting was run virtually and with limited attendance due to the onset of the Covid-19 pandemic. Technical difficulties prohibited Cllr C Carlisle's from joining despite several attempts

Directors and Officers - formally In attendance (as per Terms of Reference)	21.5.19	16.7.19	24.9.19	19.11.19	28.1.20	17.3.20
Deborah Carter Associate Director of Quality Assurance (NB was acting Exec Director of Nursing & Midwifery from April to Aug 2019)	P	P	P*	P	P	X
Gareth Evans Chair of Healthcare Professionals Forum ²	A	A	A	X	A	X
Sue Green Executive Director of Workforce & OD	P	A	P	P*	P	X
Gill Harris Executive Director of Nursing & Midwifery	A	A	A	A	P*	P
David Fearnley Executive Medical Director	◆	◆	P	P	P	X
Melanie Maxwell Senior Associate Medical Director / 1000 Lives Clinical Lead	A	A	P*	P*	P	X
Evan Moore Executive Medical Director	P	A	◆	◆	◆	◆
Jill Newman Director of Performance	P*	P	P*	P*	P	X
Teresa Owen Executive Director of Public Health	P*	P	A	P*	P*	X
Chris Stockport Executive Director of Primary & Community Services	P*	P	A	P*	P	A
Andy Roach Director of Mental Health & Learning Disabilities	X	P	A	A	A	A
Lesley Singleton Acting Director of Mental Health & Learning Disabilities	◆	◆	◆	P*	P	X
Adrian Thomas Executive Director of Therapies & Health Sciences	P	P	P	P	P	X

Note ² Attendance at QSE by the HPF Chair in their role as Associate Board Member was clarified with the individual in January 2020 and an assurance given that diary management would in future allow for regular attendance.

Key:

- P - Present
 A - Apologies submitted
 ◆ Not a member of the Committee at this time.
- P* - Present for part meeting
 X - Not present

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. Other independent members may also attend on a co-opted basis. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The Committee is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

- Ensure that arrangements for the quality and safety of patient care are in accordance with its corporate goals, stated priorities within the Quality Improvement Strategy and the principle of continuous quality improvement including organisational learning;
- Ensure the adequacy of safeguarding and infection, prevention and control arrangements;
- Provide assurance in relation to improving the experience of patients, citizens and all those who come into contact with the Health Board's services, as well as those provided by other organisations' or as part of a partnership arrangement;
- Seek assurance on the robustness and appropriateness of Health and Safety arrangements across the Health Board including aspects impacting on patient care, quality and safety and experience;
- Ensure 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 (including clinical audit) are reliable
 - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis
 - Appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims known collectively as 'Concerns'.
- Receive assurances from the Quality Improvement Strategy and Legislation Assurance Framework to allow the Committee to review achievement against the Health and Care Standards including accessible health care to inform the Annual Quality and Annual Governance Statements;

- Seek assurance on the quality and safety of services commissioned from external providers (including care homes) and others who provide a commissioning role on behalf of the Health Board e.g. Welsh Health Specialised Services Committee (WHSSC); Emergency Ambulance Services Committee (EASC).
- Review and seek assurance on the appropriateness of the quality indicators defined within the Integrated Quality and Performance Report (IQPR) and scrutinize the quality dimensions contained within the IQPR;
- Review the sustainability of service provision across the Health Board in terms of quality of service, patient experience and model of care provided.
- Provide advice and assurance to the Board regarding the quality impact assessment of strategic plans as appropriate;
- Receive periodic updates in respect of the workforce flu vaccination.

During the period that this Annual Report covers, the Committee operated in accordance with its terms of reference. V5.0 were operative up until July 2019 and V6.0 for the remainder of the year. Copies are provided at Appendices 1 and 2.

The work programmes, cycles of business and overall performance of the Committee are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were 3 breaches of this nature in terms of a range of individual papers not being available 7 days before the meeting.

6. Overall *RAG status against Committee's annual objectives / plan: AMBER

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>
Ensure that arrangements for the quality and safety of patient care are in accordance with its corporate goals, stated priorities within the Quality	Amber	Good evidence in parts of the organisation but not consistently pan-BCU wide. Occasions where committee

Improvement Strategy and the principle of continuous quality improvement including organisational learning;		not being sighted on key risks in a timely fashion. Need to strengthen organisational learning.
Ensure the adequacy of safeguarding and infection, prevention and control arrangements;	Green	
Provide assurance in relation to improving the experience of patients, citizens and all those who come into contact with the Health Board's services, as well as those provided by other organisations' or as part of a partnership arrangement;	Red	Whilst there are demonstrable improvements in terms of processes for obtaining patient feedback and collating data, a heightened focus is still required to utilise this information more effectively to provide assurance that improvements are being made as a result of feedback. In particular the improved access to PALS is commendable and increases the scope for learning across the organisation but further work is still required to build on this service. There is also a need to recover patient confidence in the organisation – for example following the centralisation of vascular services.
Seek assurance on the robustness and appropriateness of Health and Safety arrangements across the Health Board including aspects impacting on patient care, quality and safety and experience;	Amber	Greater level of assurance around H&S across the organisation and actions in place to mitigate risks.
<p>Ensure 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:</p> <ul style="list-style-type: none"> • Sources of internal assurance (including clinical audit) are reliable • Recommendations made by internal and external reviewers are considered and acted upon on a timely basis • Appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims known collectively as 'Concerns'. 	Amber	Committee is better informed but there are actions outstanding.

Receive assurances from the Quality Improvement Strategy and Legislation Assurance Framework to allow the Committee to review achievement against the Health and Care Standards including accessible health care to inform the Annual Quality and Annual Governance Statements;	Amber	Partially assured but more consistency required.
Seek assurance on the quality and safety of services commissioned from external providers (including care homes) and others who provide a commissioning role on behalf of the Health Board e.g. Welsh Health Specialised Services Committee (WHSSC); Emergency Ambulance Services Committee (EASC).	Amber	In year the Committee have reduced the risk score re care homes. Reports received regarding women's services in England (eg; Shrewsbury). WHSCC Quality & Patient Safety Committee minutes are shared. Further actions to improve assurances around Board's own externally commissioned services.
Review and seek assurance on the appropriateness of the quality indicators defined within the Integrated Quality and Performance Report (IQPR) and scrutinize the quality dimensions contained within the IQPR;	Amber	Lack of confidence that the Committee are seeing all appropriate indicators. Concern that the narrative within the IQPR is variable.
Review the sustainability of service provision across the Health Board in terms of quality of service, patient experience and model of care provided.	Amber	Review liaison between QSE and SPPH. QSE has confirmed the sustainability of <u>safe</u> services – eg; endoscopy, but sustainability from a financial or performance perspective is not within remit.
Provide advice and assurance to the Board regarding the quality impact assessment of strategic plans as appropriate;	Red	Some progress has been made in Q4 to better recognise that a more risk based approach will help inform these discussions.
Receive periodic updates in respect of the workforce flu vaccination.	Green	

***Key:**

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

7. Main tasks completed / evidence considered by the Committee during this reporting period:

7.1 The Committee received a range of standing and regular items as per its cycle of business (see Appendix 3). The agenda setting process also allows for flexibility to bring ad-hoc papers to the Committee usually these relate to providing assurance against a current risk or issue, an all Wales issue requiring local consideration, or to ensure governance and scrutiny of an issue ahead of a forthcoming Health Board meeting. A summary of such reports in 2019-20 is as follows:-

- A comprehensive response to the recommendations arising from the Welsh Government's Review of maternity services at Cwm Taf. Of the 70 recommendations, 6 were rated as ongoing improvement required. The actions would be monitored by the QSE Committee and a briefing provided to the Board;
- An update on the management of risk for the handover of patients between the Ambulance Service and the Emergency Departments. Measures being taken included a regular review of corridor congestion within the Emergency Department and handover delays.
- The Medicines Management Report identified key risks being managed by the service. The lack of pharmacy support for Mental Health services in the East was discussed and the plans to address this. There was also discussion around the implications for patients of recent changes to repeat prescribing services in community pharmacy.
- An inspection report of HMP Berwyn's health services undertaken by HM Inspectorate for Prisons and Healthcare Inspectorate Wales. The findings were positive overall but identified the main area for improvement was dental services. This service has been constrained by estates issues that have resulted in difficulties being able to provide additional dental services resulting in long waiting times for prisoners.
- The Committee received an update on an extraordinary meeting of the Local Partnership Forum to discuss the nurse rota changes and there was a commitment to move forward in partnership with the changes.
- An update was provided on a joint venture between WAST and the Health Board to develop the advanced paramedics multi-disciplinary team working programme. This is operational across 5 cluster areas and initial reports of its impact are very positive;
- The Health Board's response to HIW's Thematic review of Children's Services was received providing details of how the Health Board will be implementing learning arising from the findings;
- The externally commissioned follow up Infection Control and Prevention Report by Jan Stevens was received and highlighted significant improvements across the Health Board as part of the Safe Clean Care work.
- Monitoring of HASCAS / Ockenden recommendations with end of year position that 19 of the 35 recommendations have been closed, with 14 of the remaining open ones being assessed as 'green' and 2 reporting as 'amber'. Claire Brennan to provide figures

- An update report on dementia services which demonstrated significant progress in improving dementia support for patients and detailed the work of the Dementia Strategy Group.
- The Committee were sighted on significant waiting times for psychological therapy services and were informed that a review had been identified as a key piece of work as part of the annual plan. Following this review, a Task and Finish Group would oversee the implementation of the recommendations with progress to be monitored by the QSE Committee.
- The Self Assessment of Quality Governance Arrangements was formally received and the Committee would receive an action plan at the next meeting to monitor progress;
- The Committee were briefed on the 17.3.20 on the emerging Covid-19 pandemic situation and assured that a Command structure had been established with supporting workstreams.

7.2 Patient stories provide a patient, carer or relative with an opportunity to tell us about their lived experiences of using our services; what was good about the experience, what was bad and what could be improved. Within 2019/2020 the QSE Committee ratified revised Patient Stories Guidelines (ISUE01) which provided a renewed emphasis on using patient feedback as the basis for quality assuring our services in line with our Patient Experience Strategy (BCUHB, June 2019), and our mandatory responsibilities in the following key policy frameworks;

- NHS Delivery Framework 2019/2020 (NHS Wales, April 2019)
- Listening and Learning from Feedback – A Framework for Assuring Service User Experience (WG, 2015a)
- Health Care Standards for Wales (WG, 2015b)
- Wellbeing of Future Generations (Wales) Act (WG, 2014a)
- Social Services and Wellbeing (Wales) Act (WG, 2014b)
- Parliamentary review of Health & Social Care in Wales (2018)

The following patient stories have been presented to the QSE Committee in 2019/2020.

Helen's Story - I am not a service user; the role of ICAN within ED

<p>Key Themes;</p> <ul style="list-style-type: none"> • Patient voice not being listened to • Terminology used to label patient • Needs of the individual not being recognised due to demand on the service • Different service received after 7pm. • Training for external agencies 	<p>Learning/Actions;</p> <ul style="list-style-type: none"> • Ensure people are listened to and respected, whilst having their individual needs understood • Promote and develop the ICAN service it changes and saves lives. • Further training and information for external agencies. • Include increased awareness of the ICAN services within the PALS operational model.
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Arthur's Story - Importance of Welsh Language Service Provision – Acute Care

<p>Key Themes;</p> <ul style="list-style-type: none"> • <i>Receiving sufficient Information</i> such that patient and family members can be fully, 	<p>Learning/Actions;</p> <ul style="list-style-type: none"> • The ability to provide care through the medium of Welsh is essential for the provision of clinically effective care and is an
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<p>informed and involved in decisions made in relation to Arthur's care.</p> <ul style="list-style-type: none"> • <i>Welsh Language/Communication in Welsh</i> – clear failure to respect Arthur's communication needs resulting in lack of information about, and involvement in decision concerning ongoing care • <i>Informed Consent</i> • Staff Attitude/Knowledge & Skills; there was a complete lack of empathy and response to Arthur's stated communication needs 	<p>essential for involvement and the provision of information and a prerequisite of informed consent.</p> <ul style="list-style-type: none"> • Reminder to staff of how to contact the relevant interpretation services if no Welsh speaker available to ensure compliance with the Welsh Language Measure 2011 (WG, 2011). • Included questions relating to satisfaction with ability to 'speak Welsh to staff if you wanted to' within our real-time feedback questionnaire. • Recruited to ensure the bilingual provision of the Patient Advice and Liaison Service (PALS). • Incorporate guidance on the (Welsh Language Measure (Wales), WG 2011) within Customer Care Training.
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Importance of Developing Dementia Services – Linda's Story told by Ben

<p>Key Themes;</p> <ul style="list-style-type: none"> • .Lack of adequate Dementia Care within Acute and Community Hospitals 	<p>Learning/Actions;</p> <p>Since Linda's admission to hospital the following improvements have been made to enhance patients care:</p> <ul style="list-style-type: none"> • Patient activities have been increased • Dementia Care Worker has been appointed August 2019. • Occupational Therapist is doing daily activities in the Day Room. Some patients are being encouraged to prepare their own breakfast to promote independence –this is known as 'Functional Friday' • Physiotherapist is supporting physical therapy with patients of all abilities • New Dementia friendly flooring and cutlery tare to be purchased.
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Community Care Collaborative Hub - East

<p>Key Themes;</p> <ul style="list-style-type: none"> • Service users do have a mistrust of "authority". • The hospital set up as a whole presents multiple barriers, ie appointment letters are sent but patient is homeless. • Because of their lifestyle they may not attend appointments, they are then removed from the waiting lists • Appointment times can be difficult to adhere too. • Patients feel the experience in hospital is negative, they are treated differently. 	<p>Learning/Actions;</p> <ul style="list-style-type: none"> • Development of 'one stop' interdisciplinary health care in a socially welcoming environment, ensures access to health care services in a non-judgemental manner for service users who would otherwise find it difficult to access traditional health services which involve multiple access points.
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Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
21.5.19	<p>The Committee were provided with a summary proposal on the Clinical Audit function including a realignment to the Office of the Medical Director. The paper included recommendations on the role of the Audit Committee and QSE Committee going forwards in relation to clinical audit reporting and the approval/monitoring of the plan. The Committee agreed that further clarification of this was required and noted that the paper was due to be discussed at Audit Committee in the near future.</p> <p>A Quality Assurance report detailing concerns, claims, incidents and Healthcare Inspectorate Wales recommendations was received for the period January to March 2019. The Committee noted that whilst this report was still developing, further work was required in relation to the quality of thematic reporting and lessons learnt to provide the Committee with assurance.</p> <p>The Reducing Avoidable Mortality Report did not provide the Committee with the clarity required on progress in reducing avoidable mortality across the Health Board. It was noted that there are a number of areas not meeting the expected improvement and the actions planned to address this were unclear. The Committee have asked that this be addressed and a further update provided at a future meeting.</p> <p>The Committee agreed to receive regular updates on the endoscopy review and outpatients follow up backlogs as standing agenda items until further notice.</p> <p>The Committee reviewed the risks currently assigned to it and noted concerns about the target risk scores and whether they were achievable in the timescale documented. It was noted that the risk register is currently being reviewed across the Health Board and should address this issue. The Committee did not agree to the suggested reduction in the risk score for mental health as insufficient assurance had been provided in light of recent reports and the current performance indicators.</p> <p>The quality and content of reporting to the Committee and the associated impact upon the level of assurance that the Committee can take from these reports. A renewed commitment from operational leads was required to ensure that this was addressed.</p>
16.7.19	<p>The Committee noted a number of issues reported across the Health Board with regard to water safety including legionella incidents. The resulting need to close clinical areas due to these</p>

	<p>issues have a direct impact upon the provision of services for patients. The Director of Estates and Facilities highlighted the operational challenges and that the associated risk of legionella had been escalated appropriately with an action to review and refresh the policy to clarify responsibility.</p> <p>The Committee noted the current risk of non-compliance with Health and Safety legislation which was being addressed through a detailed gap analysis reporting to the Strategic Health and Safety Group.</p> <p>The Committee received a Quality and Safety report from MHLDS which provided some quantitative data relating to performance indicators and initiatives across the division. The Committee has requested a further report to be provided at the next meeting in September to include data analysis on lessons learnt, areas for improvement and key performance indicators in order to provide assurance on organisational learning and the implementation of the Quality Improvement Governance Plan.</p> <p>The Children's Services update report identified a number of areas of risk including an increase in waiting times for neuro-development services and the lack of 24/7 provision of the Tier 4 inpatient services for acutely ill high-risk young people. The Committee will receive the organisational response to the recent HIW thematic review of Children's and Young People's Services across Wales at the next meeting.</p>
24.9.19	<p>The Annual Plan Monitoring Report and progress against key actions was reviewed and the Committee noted that there were quality assurance issues with the report. In particular, there were milestones recorded as Red with no accompanying narrative and incorrect colour coding which made it difficult to be assured of progress. There were discussions over the progress against the plans for the provision of diagnostic services and overall productivity. The Committee requested an up to date report to be submitted to members in between meetings.</p> <p>The Committee noted, in the Integrated Quality and Performance Report for August, the high numbers of postponed procedures for non-clinical reasons and there was discussion around the actions being taken to address this. It was also noted that a recent Wales Audit Office report had been discussed at Audit Committee and the recommendations were being worked on.</p> <p>The Committee were informed about concerns with the sustainability of the breast radiology service with limited cover being provided by other areas. A radiologist had recently been appointed but recruitment has been challenging.</p>

	<p>The Committee were apprised of a shortage in resources within the paediatric ophthalmology service resulting in interim arrangements being made with other sites.</p> <p>The Committee queried the proposed closure of some of the actions in the HASCAS and Ockenden Improvement Group report on the basis of the narrative and other ongoing workstreams.</p> <p>The Occupational Health and Safety Gap Analysis Report was received which identified significant areas of non-compliance against health and safety legislation across the Health Board. The report also highlighted the need to improve the risk management structure and the robustness of previous self-assessments undertaken. The report included a comprehensive improvement plan with timescales, but it was noted that some of the requirements may involve significant resources which the Committee were not in a position to consider.</p> <p>The Committee were concerned with the lack of progress with the Follow Up Backlog Clearance. Although the report was inconsistent in part, the size of the backlog has increased and the trajectories for improvement were unclear</p>
19.11.19	<p>Long waits were identified for psychological therapies in the East and a report has been commissioned to review the model in place.</p> <p>Significant pressures were noted within the oncology service as a result of recruitment challenges, which is being reviewed;</p> <p>The Committee were supportive of improving infection prevention and control measures by staff no longer using lanyards. Alternatives are available and these should be used by both clinical and non-clinical staff going forwards;</p> <p>The Committee agreed to escalate the Mortality report to the Board as a result of inadequate assurance being provided. It was agreed that the matter would be discussed further with the Executive Medical Director as the Committee's feedback on the last report had not been actioned;</p>
28.1.20	<p>The level of postponed procedures for non-clinical reasons was discussed and the Committee noted that it had not received the report that had been previously agreed. The Committee requested that due to the numbers reported and the previous audit report, a detailed analysis should be provided to the next Committee meeting.</p> <p>The GMC had placed the junior doctor training service in Wrexham Maelor into Enhanced Monitoring following concerns raised by Health Education and Improvement Wales (HEIW). The Hospital Management Team had developed an action plan</p>

	to address the concerns and a follow up visit was expected in 2020. The Committee were concerned that the failure to address the issues could result in the withdrawal of training posts and undertook to bring the matter to the attention of the Board;
17.3.20	Due to the Covid-19 the decision had been taken to reduce attendance at the meeting and prioritise discussions within the agenda, to allow Executive officers and other senior leaders to fully focus on the response to the COVID 19 pandemic. A Chair's Assurance Report has to date not been submitted to Board.

9. Focus for the year ahead:

The primary focus of the QSE Committee over the next twelve months will be:

- Seeking assurance on the Health Board's ability to respond safely and effectively to the challenges of managing the COVID-19 pandemic alongside maintaining essential services and restoring clinical pathways;
- Ensuring organisational learning is embedded across the Health Board;
- Supporting the development of reporting arrangements to enable better scrutiny across the areas of quality and safety, health and safety, patient experience and effectiveness.
- Ensuring better informed Committee agendas structured around risk and the Board's priorities;

The Committee maintains a Cycle of Business (CoB) covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board's Corporate Risk and Assurance Framework. This is attached as Appendix 3. The Committee will be further reviewing in light of Welsh Government guidance on discharging Committee responsibilities during the Covid-19 response phase.

V2.0 final approved

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

1 INTRODUCTION

1.1 The Board shall establish a committee to be known as the **Quality, Safety and Experience Committee (QS&E)**. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2 PURPOSE

2.1 The purpose of the Committee is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to quality, safety, patients and service user experience of health services.

3 DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to:-

3.1.1 ensure that arrangements for the quality and safety of patient care are in accordance with its corporate goals, stated priorities within the Quality Improvement Strategy and the principle of continuous quality improvement including organisational learning;

3.1.2 ensure the adequacy of safeguarding and infection, prevention and control arrangements;

3.1.3 provide assurance in relation to improving the experience of patients, citizens and all those who come into contact with the Health Board's services, as well as those provided by other organisations' or as part of a partnership arrangement;

3.1.4 seek assurance on the robustness and appropriateness of Health and Safety arrangements across the Health Board including aspects impacting on patient care, quality and safety and experience;

3.1.5 ensure 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 (including clinical audit) are reliable
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis
- Appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims known collectively as 'Concerns'.

3.1.6 Review achievement against the Health and Care Standards including accessible health care to inform the Annual Quality and Annual Governance Statements;

3.1.7 Seek assurance on the quality and safety of services commissioned from external providers (including care homes) and others who provide a commissioning role on behalf of the Health Board e.g. Welsh Health Specialised Services Committee (WHSSC); Emergency Ambulance Services Committee (EASC).

3.1.8 Review and seek assurance on the appropriateness of the quality indicators defined within the Integrated Quality and Performance Report (IQPR) and scrutinize the quality dimensions contained within the IQPR;

3.1.9 Review the sustainability of service provision across the Health Board in terms of quality of service, patient experience and model of care provided.

3.1.10 provide advice and assurance to the Board regarding the quality impact assessment of strategic plans as appropriate;

3.1.11 to receive periodic updates in respect of the workforce flu vaccination.

4 AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and

other requirements;

4.3 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning Quality, Safety and Patient Experience matters.

4.4 It will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place;

5 SUB-COMMITTEES

5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

6 MEMBERSHIP

6.1 Members

Four Independent Members of the Board.

6.2 In attendance

Executive Director of Nursing and Midwifery (Lead Executive)

Executive Medical Director

Executive Director of Therapies and Health Sciences

Executive Director of Primary Care & Community Services

Director of Performance

Executive Director of Workforce & Organisational Development

Executive Director of Public Health

Associate Director of Quality Assurance

Senior Associate Medical Director / 1000 Lives Clinical Lead

Chair of Healthcare Professionals Forum -Associate Board Member

Representative of Community Health Council

Trade Union Partners

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting. The Mental Health & Learning Disabilities Division will attend as per scheduled items on the cycle of business.

6.3 Member Appointments

6.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7 COMMITTEE MEETINGS

7.1 Quorum

- 7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also be in attendance.

7.2 Frequency of Meetings

- 7.2.1 Meetings shall be routinely be held on a bi-monthly basis.

7.3 Withdrawal of individuals in attendance

- 7.3.1 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.

8 RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 8.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within 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.

- 8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

- 8.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1 joint planning and co-ordination of Board and Committee business; and

8.3.2 sharing of information

in doing so, contributing 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 arrangements.

- 8.4** The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.
- 8.5** Receive assurance and exception reports from the Quality and Safety Group (QSG)

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1** The Committee Chair shall:
- 9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;
- 9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 9.2** 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. In doing so account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

Quorum 11. REVIEW

- 11.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval:

QSE Committee 29.11.18

Board 24.1.19

V5.0

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

1) INTRODUCTION

- 1.1 The Board shall establish a committee to be known as the **Quality, Safety and Experience Committee (QS&E)**. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2) PURPOSE

- 2.1 The purpose of the Committee is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to quality, safety, patients and service user experience of health services.

3) DELEGATED POWERS

- 3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to:-

3.1.1 ensure that arrangements for the quality and safety of patient care are in accordance with its corporate goals, stated priorities within the Quality Improvement Strategy and the principle of continuous quality improvement including organisational learning;

3.1.2 ensure the adequacy of safeguarding and infection, prevention and control arrangements;

3.1.3 provide assurance in relation to improving the experience of patients, citizens and all those who come into contact with the Health Board's services, as well as those provided by other organisations' or as part of a partnership arrangement;

3.1.4 seek assurance on the robustness and appropriateness of Health and Safety arrangements across the Health Board including aspects impacting on patient care, quality and safety and experience;

3.1.5 ensure 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 (including clinical audit) are reliable
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis
- Appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims known collectively as 'Concerns'.

3.1.6 Receive assurances from the Quality Improvement Strategy and Legislation Assurance Framework to allow the Committee to review achievement against the Health and Care Standards including accessible health care to inform the Annual Quality and Annual Governance Statements;

3.1.7 Seek assurance on the quality and safety of services commissioned from external providers (including care homes) and others who provide a commissioning role on behalf of the Health Board e.g. Welsh Health Specialised Services Committee (WHSSC); Emergency Ambulance Services Committee (EASC).

3.1.8 Review and seek assurance on the appropriateness of the quality indicators defined within the Integrated Quality and Performance Report (IQPR) and scrutinize the quality dimensions contained within the IQPR;

3.1.9 Review the sustainability of service provision across the Health Board in terms of quality of service, patient experience and model of care provided.

3.1.10 provide advice and assurance to the Board regarding the quality impact assessment of strategic plans as appropriate;

3.1.11 to receive periodic updates in respect of the workforce flu vaccination.

4) AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

- 4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 4.3 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning Quality, Safety and Patient Experience matters.
- 4.4 It will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place;

5) SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

6) MEMBERSHIP

6.1 Members

Four Independent Members of the Board.

6.2 In attendance

Executive Director of Nursing and Midwifery (Lead Executive)

Executive Medical Director

Executive Director of Therapies and Health Sciences

Executive Director of Primary Care & Community Services

Director of Performance

Executive Director of Workforce & Organisational Development

Executive Director of Public Health

Associate Director of Quality Assurance

Director of Mental Health & Learning Disabilities

Senior Associate Medical Director / 1000 Lives Clinical Lead

Chair of Healthcare Professionals Forum -Associate Board Member

Representative of Community Health Council

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.2.2 Trade Union Partners are welcome to attend the public session of the Committee

6.3 Member Appointments

6.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7) COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a bi-monthly basis.

7.3 Withdrawal of individuals in attendance

7.3.1 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.

8) RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within 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.

8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

8.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

In doing so, contributing 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 arrangements.

- 8.4** The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.
- 8.5** Receive assurance and exception reports from the Quality and Safety Group (QSG)

9) REPORTING AND ASSURANCE ARRANGEMENTS

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9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.2** 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. In doing so account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

10) APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11) REVIEW

- 11.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval:

Audit Committee 30.5.19

Health Board 25.7.19

V6.0

Appendix 3 Cycle of Business

Part 1 – Annual Recurring Business

Agenda Items	Jan	Mar	May	Jul	Sep	Nov
Accessible Healthcare Standards Annual Report incorporating WITS report					X	
Annual Quality Statement		X draft	X final			
Children's Services			X			X
Patient Safety Report (formerly CLICH)	X		X		X	
Clinical Audit – monitoring of outcomes from clinical audit plan		X Approval of plan			X Approval of plan (deferred from Mar)	Via JAQS meeting
Committee Annual Report (inc Review of Terms of Reference and Approval of Cycle of Business)		X final				
Continuing Health Care (By exception only – main aspects to be brought within primary & community care assurance reports)						
Corporate Risk Assurance Framework (QSE Risks) EACH MEETING FROM APRIL 2020 ONWARDS (AGREED BY AC WORKSHOP)			X			X
Executive Quality & Safety Updates In Committee	X	X	X	X	X	X

Agenda Items	Jan	Mar	May	Jul	Sep	Nov
(To sight the Committee on current issues around complex complaints, never events, key risks, Regulation 28s and any significant quality & safety issues)						
Healthcare Inspectorate Wales Annual Report				X		
Health & Safety (including HSE Reports and Corporate Health at Work updates)	X	X	X	X annual report	X	X
Health Protection (PHW Report)	X					
Improvement Group (HASCAS & Ockenden) Chair's Assurance Report	X	X	X	X	X	X
Incidents (High Risk SUIs) – to focus on organisational learning	X	X	X	X	X	X
Infection Prevention & Control	IQPR slides only	Q3 report	IQPR slides only	Q4 report	Q1 and annual report	Q2 report
Integrated Quality Performance Report	X	X	X	X	X	X
Learning Disability Strategy – monitoring of implementation Frequency to be determined						
Medicines Management		X ann rep			X key risks	
Mental Health Services – Quality & Performance Assurance report on the implementation of T4MH Strategy		X		X		X

Agenda Items	Jan	Mar	May	Jul	Sep	Nov
Mortality & Morbidity (inc lessons learnt from casenote reviews)			X			X
Nurse Staffing Report (as required by Wales Act 2016)			X Annual report			X mid year update
Patient Stories	X	X	X	X	X	X
Patient Experience Report (focusing on patient experience and what has changed or is planned as a result of their feedback)		X		X		X
Policies for Review (as required)	X	X	X	X	X	X
Primary & Community Care Quality Assurance Report incorporating care homes		X		X		X
Prison Health		X			X	
PSOW Annual Letter					X	
Putting Things Right Annual Report (inc link to PSOW Annual Report)			X			
Quality Improvement Strategy 2017-2020 (inc Dementia Strategy)			X draft	X final		
Quality/Safety Awards and Achievements (added by LR Oct 19. Verbal updates)	X	X	X	X	X	X
Quality Safety Group – assurance report	X	X	X	X	X	X
Safeguarding			X Ann Rep			X

Agenda Items	Jan	Mar	May	Jul	Sep	Nov
Standing Items – Opening Business (apologies, declarations of interest, minutes)	X	X	X	X	X	X
Standing Items – Closing Business (items discussed in committee, documents circulated, issues of significance, any other business, date of next meeting)	X	X	X	X	X	X
Tissue & Organ Donation Annual Report	X					
Welsh Health Specialised Services Committee – Quality & Patient Safety Committee Minutes and/or Chair’s Reports (held in public) <i>obtained from WHSCC website</i>	X	X	X	X	X	X
Welsh Risk Pool Services and Legal & Risk Services Annual Review				X		

A “Part 2” Rolling Plan of Ad-Hoc Business is also maintained