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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	2.3 (i)
Freedom of Information Status	Open		
Reporting Committee	Quality and Safety Committee		
Author	Leah Joseph, Corporate Governance Officer		
Chaired by	Martyn Waygood, Interim Vice Chair		
Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience		
Date of last meeting	28 July 2020		
Summary of key matters considered by the committee and any related decisions made:			
<ul style="list-style-type: none">• Infection Control Report - A report was received for noting which highlighted that the Clostridium difficile (C.diff), pseudomonas and staph aureus year-end targets are over trajectory.			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none">• Transcatheter aortic valve insertion (TAVI) – The report provided an update on the progress of the action plan which detailed that out of 50 recommended actions, 48 had been completed. Communications are under review to understand clinicians’ and stakeholders’ opinions regarding service improvements. Work is ongoing to establish a health board pathway to enable transfer of patients between sites.			
Delegated action by the committee:			
<ul style="list-style-type: none">• Committee Terms of Reference was approved (appendix 1) to be ratified at September’s Health Board meeting.• Committee Annual Report was approved.			
Main sources of information received:			
<ul style="list-style-type: none">• Final Discharge Summaries Report – The report highlighted two outstanding actions which are due to complete at the end of July 2020.• Quality and Safety Issues Relating to Waiting List Management – A short presentation was received which was intended to stimulate a discussion on the Quality and Safety metrics and issues relating to waiting list management.• Patient experience and concerns reporting – The report provided both complaint and compliment data and highlighted that a reduction in serious incidents reported has been linked to the change in criteria by Welsh Government in respect of what constitutes a serious incident during the pandemic. The Patient Experience Team have developed and managed the staff survey and to date there have been 1,050 completed surveys from staff.• Impact of visiting policies – The report advised that Welsh Government have issued revised guidance in relation to patient visitation which came into force on 20th July 2020. A Task & Finish Group was established to work through the changes in the visiting policy• Performance Report – The report provided an overview of data in respect of fractured neck of femur metrics, unscheduled care, planned care, cancer performance and stroke. A performance overview supported the report which highlighted increases in emergency department (ED) attendances, ED 4 hour breaches and ED 12 hour waits. Cancer referrals are increasing, however the treatment volumes have reduced. The diagnostics and			

therapies waiting list has increased which indicates that the re-establishment of essential services is working. An increasing number of patients are 100% over their target follow up date, following a number of months of improvement.

- **Quarter One Tracker** – The report provided an update in respect of the quarter one tracker and it was highlighted that the health board is still receiving guidance from Welsh Government. The report also confirmed that replacement of the cladding at Singleton Hospital, replacement CT-SIM scanner in the cancer centre at Singleton Hospital, and phase 2 anti-ligature work in Mental Health and Learning Disabilities premises are progressing, however the access road design planning at Morriston Hospital is on hold.
- **Management of an incident with electronic referrals** – A report was received and noted for information.

Highlights from sub-groups reporting into this committee:

- **Quality and Safety Governance Group** - A report providing an update in relation to the Quality and Safety Governance Group was received and noted.

Matters referred to other committees:

TAVI noted to Board as above.

Date of next meeting

25 August 2020



Quality and Safety Committee Terms of Reference

1. Introduction

Swansea Bay University Health Board's standing orders provide that *"The board may and, where directed by the Welsh Government must, appoint committees of the health board either to undertake specific functions on the board's behalf or to provide advice and assurance to the board in the exercise of its functions. The board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders (and the health board's scheme of delegation), the board shall annually nominate a committee to be known as the Quality and Safety Committee. This committee's focus is on all aspects aimed at ensuring the quality and safety of healthcare, including activities traditionally referred to as "clinical governance". The detailed terms of reference and operating arrangements set by the board in respect of this committee are set out below.

2. Purpose

The purpose of the Quality and Safety Committee is to 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 healthcare; and
- assurance to the board in relation to the health board's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

3. Delegated Powers and Authority

The committee will, in respect of its provision of advice to the board:

- oversee the initial development of the health board's strategies and plans for the development and delivery of high quality and safe services, consistent with the board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- consider the implications for quality and safety arising from the development of the health board's corporate strategies and plans or those of its stakeholders and partners, including those arising from any joint (sub) committees of the board; and
- consider the implications for the health board's quality and safety arrangements from review/investigation reports and actions arising from the work of external regulators.

The committee will, in respect of its assurance role, seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the health board's activities.

To achieve this, the committee's programme of work will be designed to ensure that, in relation to all aspects of quality and safety:

- there is clear, consistent strategic direction, strong leadership and transparent

- lines of accountability;
- the organisation, at all levels (locality/directorate/clinical team) has a citizen centred approach, putting patients, patient safety and safeguarding above all other considerations;
 - the care planned or provided across the breadth of the organisation's functions (including locality/directorate/ clinical team and those provided by the independent or third sector) is consistently applied, based on sound evidence, clinically effective and meeting agreed standards;
 - the organisation, at all levels (locality/directorate/clinical team), has the right systems and processes in place to deliver, from a patient's perspective - efficient, effective, timely and safe services;
 - the workforce is appropriately selected, trained, supported and responsive to the needs of the service, ensuring that professional standards and registration/revalidation requirements are maintained;
 - there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;
 - there is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;
 - risks are actively identified and robustly managed at all levels of the organisation;
 - decisions are based upon valid, accurate, complete and timely data and information;
 - there is continuous improvement in the standard of quality and safety across the whole organisation – continuously monitored through the Health and Care Standards for Wales;
 - 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, e.g., internal audit and clinical audit teams have the capacity and capability to deliver;
 - recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
 - lessons are learned from patient safety incidents, complaints and claims.

The committee will advise the board on the adoption of a set of key indicators of quality of care against which the health board's performance will be regularly assessed and reported on through annual reports.

4. Authority

The committee is authorised by the board to investigate or have investigated any activity within its terms of reference. In doing so, the committee shall have the right to inspect any books, records or documents of the health board relevant to the committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable 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.

The committee is authorised by the board to 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.

5. Access

The head of internal audit shall have unrestricted and confidential access to the chair of the Quality and Safety Committee.

The committee will meet with internal and external audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales) without the presence of officials on at least one occasion each year.

The chair of the Quality and Safety Committee shall have reasonable access to executive directors and other relevant senior staff.

6. Sub-Committees

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. The following sub-committees have been established:

- Quality and Safety Governance Group
- Clinical Ethics Group

7. Membership

The committee shall comprise three non-officer members of the board. It may also co-opt additional independent "external" members from outside the organisation to provide specialist skills, knowledge and expertise.

Executive directors with responsibility for quality and safety should be in attendance at the committee, as well as the Chief Operating Officer and Director of Strategy and the chief executive and other executive directors should attend from time to time as required by the committee chair

The committee chair may extend invitations to attend committee meetings as required to the following:

- leads from localities/directorates/clinical teams;
- representatives of partnership organisations;
- public and patient involvement representatives; and
- Trade union representatives

As well as others from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

The membership of the committee shall be determined by the board, based on the recommendation of the health board chair - 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.

Members' terms of office will be reviewed annually by the board chair. A member may resign or be removed by the board.

Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the board, based upon the recommendation of the health board Chair and, where appropriate on the basis of advice from the health board's Workforce and Organisational Development Committee.

8. Committee Meetings

Meetings shall be held monthly and otherwise as the chair of the committee deems necessary – consistent with the health board's annual plan of board business.

At least two members must be present to ensure the quorum of the committee, including either the committee chair or vice-chair.

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.

The director of corporate governance/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 organisational development for committee members as part of the health board's overall organisational development programme developed by the Director of Workforce and Organisational Development.

The committee secretary is determined by the director of corporate governance/board secretary.

9. Relationships and Accountabilities with the Board and its Committees/Groups

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. The committee is directly accountable to the board for its performance in exercising the functions set out in these terms of reference.

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:

- 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 framework. This will be achieved primarily through the Audit Committee.

The committee shall embed the health board's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

10. Reporting and Assurance Arrangements

The committee chair shall:

- report formally, regularly and on a timely basis to the board on the committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports, as well as the presentation of an annual report;
- bring to the board's specific attention any significant matters under consideration by the committee;
- 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 compromise patient care and affect the operation and/or reputation of the health board.

The board may also require the committee chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, for example where the committee's assurance role relates to a joint or shared responsibility.

The director of corporate governance/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 and Safety Committee handbook.

11. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the health board's standing orders are equally applicable to the operation of the committee, except in the following areas:

- quorum
- notice of meetings
- notifying the public of meetings
- admission of the public, the press and other observers
- paper circulation.

12. Review

These terms of reference and operating arrangements shall be reviewed annually by the committee with reference to the board.



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Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience		
Date of last meeting	25 August 2020		
Summary of key matters considered by the committee and any related decisions made:			
<ul style="list-style-type: none">• Infection Control Report - A report was received which confirmed that the Clostridium difficile (C.diff), pseudomonas and staph aureus year-end targets are over trajectory, however there has been a reduction in staph aureus and klebsiella infections. Delivery Units have been asked to develop and submit C.diff plans to the C.diff group which will monitor their progress.• Controlled Drugs policy - The policy was received for assurance. It has been developed over the past six months, with continuous e-mail correspondence between the Home Office and the Health Board. The policy will help to significantly mitigate the risk of having to purchase excessive numbers of controlled drugs licenses. The policy will be rolled out across Wales once finalised.			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none">• Face Coverings – A report was received which highlighted that currently there is no policy which mandates face masks or face coverings for hospital visitors and hospital staff. There is a growing shift in relation to attitudes toward wearing a face mask, however in absence of a Welsh Government mandate, enforcing face masks is not currently supported. A debate between committee members took place following the presentation of the report, but it was agreed that the Health Board should take the lead following any updated Welsh Government mandates.			
Delegated action by the committee:			
None.			
Main sources of information received:			
<ul style="list-style-type: none">• Unscheduled Care Overview – The report highlighted the focus on winter planning, and detailed six goals set by Welsh Government for urgent and emergency care which requires investment. The report also set out 17 key deliverables aimed at enhanced models of care in the community for vulnerable patient groups and admission avoidance.• Mortality Review - The report gave assurance that the work that had been undertaken over the past 18 months has been effective.• Quality and Safety Risk Register – The risk register was received for assurance.• Clinical Audit and Effectiveness Update – The report detailed that following the COVID-19 pandemic, the national and local clinical audits were suspended in March 2020, however the local programme was restarted in July 2020. A new clinical efficiency group has been set up and the chair of the group is the Health Board's Interim Deputy Medical Director. The			

group feeds into the Quality and Safety Governance Group, which in turn reports to the Quality and Safety Committee.

- **Performance Report** – The report presented the four quadrants of harm and data in respect of fractured neck of femur metrics, unscheduled care, planned care, cancer performance and stroke. A performance overview supported the report which highlighted increases in emergency department (ED) attendances, ED 4 hour breaches and ED 12 hour waits. The cancer referrals backlog has decreased, however the number of patients waiting for their first outpatient appointment over 26 weeks has increased to 15,000.

Highlights from sub-groups reporting into this committee:

No reports were received from sub-groups.

Matters referred to other committees:

No items referred to other committees.

Date of next meeting

22 September 2020