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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



		Agenda Item	3i.
Freedom of Information Status		Open	
Reporting Committee	Performance and Finance Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Emma Woollett, Vice-Chair		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	22 August 2018		
Summary of key matters considered by the committee and any related decisions made.			
<ul style="list-style-type: none">- Monthly Performance Report – members noted that an executive to executive team meeting had taken place with the Welsh Ambulance Service NHS Trust (WAST) to discuss winter resilience and there was also an opportunity to use monies to develop the surgical assessment unit at Morriston Hospital and better the use of the medical assessment unit following a shared learning visit to another health board. <p>Concern was raised that there had been a significant increase in healthcare acquired infection rates. It was noted that there had been a <i>clostridium difficile</i> outbreak within Morriston Hospital and as a result, an external company commissioned to undertake a deep clean. There had been a marked improvement from 19 cases reported at the site in July 2018 compared with one in August 2018. Assurance was given that the executive team had confidence in the actions in place to address the board-wide issues, but these would take time to have an impact.</p> <p>The committee was disappointed that there had been no change in theatre efficiency and a report was to be received at the October 2018 meeting to outline the work to address this. However, it had been pleasing to note that the August 2018 position for planned care was ahead of the trajectory and the July 2018 cancer performance had improved since June 2018.</p>			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none">- Cancer (single cancer pathway and performance) update – it was noted that cancer performance for June 2018 was 84% and in July rose to 91% against a target of 90%, but the July figure was yet to be validated and could therefore increase further. Members were advised that the single cancer pathway was to be implemented from 1st April 2019 but there was still work to be done to determine the costs and case requirements, as well as any potential implications. As a result, members asked that a more detailed report be received in January 2019 outlining the risks and mitigations.- Princess of Wales Financial Plan – an independent financial review of the unit had been undertaken by a member for the devolved finance team, with support from the unit, focussing on the financial activity of quarter one. A summary of actions already being undertaken had been included in the plan as well as potential actions which			

would need more wider consideration given the potential board-wide impact. Members requested that all actions were scrutinised by the executive team to ensure they were the right actions and would not impact on quality or performance. It was agreed that a further update would be received at the next meeting with a risk assessment and calculated figures, as the danger of not having a review by the executive team first put the committee at risk of supporting a non-viable option. The methodology for the review was to be rolled-out to the other units and it was hoped that the next one presented to the committee would be more action-focussed.

- **Financial Position** - the month four position was disappointing in light of the steady improvement seen in quarter one as it was £600k more than the required run rate. Princess of Wales and Morriston units were the biggest risk to the position, driven by three main areas:
 - Medical expenditure;
 - Nursing expenditure. These two areas had increased by £300k per month;
 - Failure to fully deliver savings targets

A draft recovery action plan was appended to the report and had been discussed by the executive board that morning, but members felt that it was at too early a stage of development. The committee requested a more fully worked up savings plan with trends over time and estimated quantum of impact as well as an assessment of the potential wider impact on the organisation.

It was noted that the targeted intervention meeting with Welsh Government was to take place before the next committee meeting and that there was a challenge to move towards a deficit of £20m, although the health board was not yet in a position to formally reduce its forecast position. It was agreed that if a robust action plan was developed for the next committee meeting, there was no reason why this could not be shared in advance with Welsh Government as part of the targeted intervention meeting, with the caveat it was yet to be discussed at committee or board. But without a fully worked up plan, the health board would not be sighted on all risks.

Delegated action by the committee:

No delegated action was taken by the committee at this meeting.

Main sources of information received:

- **Medical Agency Cap** – it was noted that performance had deteriorated, with 80% of booking above the cap. As a result two external workforce specialists had been commissioned to undertake a reviews; one with the units to identify their locum requirements to try and reduce rates and the other to work specifically with the emergency departments on recruitment activities. A full update would be included in the next iteration of the report.
- **Recovery and Sustainability Programme Board** – three workstreams remained a concern; reconfiguring mental health services, workforce redesign and reducing waste, harm and variation. Members noted that an update was scheduled for the next meeting regarding workforce redesign and it was agreed that a discussion be had outside of the meeting as to whether this was appropriate timing or whether it should be deferred to October 2018.

Highlights from sub-groups reporting into this committee:	
None received.	
Matters referred to other committees	
None identified.	
Date of next meeting	26 September 2018



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		Agenda Item	3i.
Freedom of Information Status	Open		
Reporting Committee	Quality and Safety Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Maggie Berry, Non-Officer Member		
Lead Executive Director (s)	Gareth Howells, Director of Nursing and Patient Experience		
Date of last meeting	02 August 2018		
Summary of key matters considered by the committee and any related decisions made:			
<ul style="list-style-type: none">- Quality and Safety Committee Dashboard - Performance against the national early warning scores (NEWS) was 96.5% against a target of 100% and action was being taken in a number of areas to triangulate hotspots as well as an analysis as to whether the service pressures were preventing the observations being taken. Falls had increased by a rate of 10 and for every one which resulted in a fractured head of femur had a cost of £15k, an increased length of stay and a mortality rate of 60% so the falls group needed to be seen as a priority. Pressure ulcers had decreased compared with this time the previous year but a focus needed to be given to community cases. Work was continuing to address the backlog of stage two mortality reviews through a consultant on non-clinical duties. Members noted that while the national target of responding to complaints within 30 days had been met, some areas were outliers. It was agreed that a specific report on complaints performance be received at the next meeting and noted that the next iteration of the dashboard would be in the form of the integrated monthly performance report.- Neath Port Talbot Delivery Unit Exception Report – Members agreed that the committee need to work towards a position whereby it received an exception report from all the units at every meeting, which had been considered in detail by the Quality and Safety Forum first. Some concerns were raised in relation to the complaints made against the minor injury unit, which were to be relayed to the delivery unit's senior management team.			
Key risks and issues/matters of concern of which the board needs to be made aware:			
<ul style="list-style-type: none">- Infection Control Report – Members heard that performance against the <i>clostridium difficile</i> trajectory for the quarter was over by six cases and the <i>staphylococcus aureus</i> by 10 cases. <i>E.coli</i> was one case above the trajectory. Mindsets needed to be changed in order for people to understand and accept that there should be zero tolerance as such cases were avoidable.			
Delegated action by the committee:			
<ul style="list-style-type: none">- Patient Experience Report – as part of the patient experience report, members agreed the standard operating procedure for managing patient stories:			

<ul style="list-style-type: none"> - Ratification of Clinical Policies – members approved the following clinical policies and noted that consideration was being given to delegating this responsibly to the Quality and Safety Forum with the committee providing ratification: <ul style="list-style-type: none"> ▪ policy for the prevention and management of pressure ulcers; ▪ clinical policy for the insertion and maintenance of nasogastric (or orogastric) feeding (and draining) tubes in adults; ▪ policy and procedure for the prevention and management of adult inpatient falls clinical policies for approval by the committee. - Quality and Safety Committee's Terms of Reference – members recommended approval of the revised terms of the reference for the committee (appendix 1). 	
Main sources of information received:	
<ul style="list-style-type: none"> - Patient Story – Neath Port Talbot Unit presented a patient story which outlined the impact of a pressure ulcer for an elderly gentleman and the work being undertaken to reduce the numbers reported; - Ward to Board Dashboard – a further update was received as to the roll-out of the ward to board dashboard in advance of the live demonstration to the board; - Staying Healthy- the committee was informed that an internal audit had been undertaken of immunisations and vaccinations, with a management response completed; - Tuberculosis (TB) Report – members received an update on TB. - External Inspections Report – a report outlining visits undertaken by external partners in the reporting period was noted. 	
Highlights from sub-groups reporting into this committee:	
<ul style="list-style-type: none"> - Quality and Safety Forum – the regular update from the forum was received with no significant issues raised. - Clinical Outcome Group – the clinical audit annual report was received. As part of the discussion, members raised the need for membership to be consistent and consideration be given to expanding it wider than medical colleagues. 	
Matters referred to other committees:	
None identified.	
Date of next meeting	04 October 2018



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Quality and Safety Committee Terms of Reference

1. Introduction

Abertawe Bro Morgannwg 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.

The committee will receive reports through the Information Governance Board relating to quality and safety issues, with the Audit Committee overseeing the overall information governance arrangements.

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 Forum

7. Membership

The committee shall comprise four 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, including the Chief Operating Officer (with executive director portfolio for primary care and mental health) 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 no less than bi-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

12. Review

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